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REPORT ON THE SEVENTEENTH INTERNATIONAL PSYCHO-ANALYTICAL CONGRESS

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The seventeenth International Psycho-Analytical Congress was held in Amsterdam at the Royal Tropical Institute, from Sunday, August 5, to Thursday, August 9, 1951.

On Sunday evening, August 5, Congress members and guests were entertained by the Dutch Psycho-Analytical Society at a reception held in the International Cultureel Centrum, Vondelpark Pavilion, where an address of welcome was given by Dr. P. J. van der Leeuw, President of the Dutch Psycho-Analytical Society and Chairman of the Congress Committee on Arrangements.

Excursions were planned for each day for those who were not busy with Congress meetings. On Monday, August 6, there was a sight-seeing trip through Amsterdam, and in the afternoon a trip to Volendam and the Isle of Marken. Monday evening a reception was held in the Rijksmuseum by the Burgomaster and Municipal Council of Amsterdam for members and guests attending the Congress. The Congress guests were addressed by the Burgomaster of Amsterdam. On Tuesday, a general excursion to the Aalsmeer Flower Auction was held early in the morning which enabled everyone to participate. Later that morning there was a tour through the National Gallery of the Rijksmuseum, followed by a visit to the Muiderslot in the afternoon. On Wednesday, August 8, a long trip to Haarlem and Zandvoort was arranged for. Thursday afternoon, following the Business Meeting, members had the choice of the following four excursions: (1) to The Hague and Scheveningen; (2) to the reclamation works of the Zuider Zee; (3) to the National Park, De Hoge Veluwe; or (4) a motorboat trip along the River Amstel.

Members of the Central Executive present at the Congress were: Dr. Ernest Jones, Honorary President; Dr. Leo H. Bartemeier, President;

Princess Marie Bonaparte, Vice-President; Miss Anna Freud, Vice-President; Dr. Heinz Hartmann, Vice-President; Dr. Jeanne Lampl-de Groot, Vice-President; Dr. Philipp Sarasin, Honorary Treasurer; and Dr. Grete L. Bibring, Honorary Secretary.

In all, 453 persons attended the Congress. The proceedings were as follows:

Monday, August 6

Opening address by the President, Leo H. Bartemeier, M.D.:

'Ladies and Gentlemen:

I now officially call to order the seventeenth Congress of the International Psycho-Analytical Association and in keeping with the suggestion of our Permanent President, Dr. Ernest Jones, I will ask you to rise for a moment of silent devotion to the memory of Professor Freud.

When Professor Freud came to Noordik, Holland, for his vacation in the summer of 1911, he met Dr. Jan van Emden, and it was this which may be said to have marked the beginning of psycho-analysis in Holland. Dr. Jan van Emden died in 1950 at the age of eighty-one. The Dutch Psycho-Analytical Society was organized unofficially in 1913 and officially in 1917. It has flourished continuously since then and to-day consists of forty-one members.

The first International Psycho-Analytical Congress in Holland was held at The Hague in 1920, and memory has it that some fifty to sixty members of the Association attended that meeting. In 1947 the Dutch Society convened an unofficial meeting of European analysts. The present Congress is, therefore, the second Congress to be held in Holland, the first in Amsterdam. We are grateful to the members of the Dutch Society for their kind invitation to meet in these beautiful surroundings, and we are grateful, too, for the splendid spirit of hospitality they have already extended us.

In his opening address at the Zürich Congress in 1949 our Permanent President, Dr. Ernest Jones, whom we are also honoured to have with us on this occasion, spoke to us about the external difficulties with which the practice of psycho-analysis has had to contend during recent years because of the terrific political movements and social changes in the world. Dr. Jones spoke of the "temptation . . . to add socio-political factors to those that are our special concern, and to re-read our findings in terms of sociology. . . ." He added that "it will need unceasing vigilance to avoid such temptations" and told us that "our duty is to observe, to study, and to try to understand the inner meaning of the extraordinary events around us" and "so long as we adhere to the faith of an analyst in personal integrity and complete honesty we shall be true to our calling".

To-day, ladies and gentlemen, I wish to speak to you briefly about an internal difficulty which interferes with the effective work of many analysts as well as with the acquisition and dissemination of psycho-analytical knowledge. It is a difficulty which interferes with the continuity of our analytical societies, and it is far more serious than any of the external difficulties which have interfered with the growth and development of psycho-analysis during recent years.

I wish to draw your attention to the fact that many analysts permit themselves to think that they are what their patients in transference endow them with. This problem was discussed by Dr. Grete Bibring in a conference on counter-transference. She pointed out that it is the "occupational disease" of analysts to develop a disturbance in their reality-judgement. They are accustomed to see themselves through the eyes of their dependent patients, and if a hostile remark is made by the patient they tend to analyse it as a projection. A disturbance in their reality-sense may result from the danger of believing that they really are as their patients usually think them to be. If someone is wrong, it is usually the patient. Analysts sometimes take this attitude from their consulting rooms into their everyday social and professional relationships. This leads to sensitivity and to a tendency to analyse the other person's motives instead of one's own and to the feeling that something important may be destroyed if a mistake is modestly acknowledged. This is bound to lead to difficulties in interpersonal contacts, and this may be one of the important factors in the development of conflicts within the analytic groups and between analytic societies. This is not an ethical but a scientific appeal for awareness that our unconscious is moving all the time and that we should seriously consider some self-investigation whenever such a conflict arises. We would do well to follow the example of our esteemed colleague, Dr. Carl Landauer, who was destroyed by the Nazis. Whenever he felt that he found one and the same problem in all his patients within one working day—or when he discovered that certain problems or certain figures did not appear at all in his day's work—he sat down and tried to find out what it was within himself which interfered with his analytic perception. Every day he worked on his self-analysis according to his daily analytical findings.

Thus in former days an analyst felt the obligation to scrutinize his sense of reality in connection with his daily work, and I appeal to you to-day never to give up this daily period of self-investigation, of self-analysis. The nature of the work to which we devote our lives constantly taxes our self-evaluation. We cannot afford to suffer any disturbance to this priceless possession if our work with our patients is to be effective and if we are seriously concerned about the security of our professional organizations.'

Dr. Bartemeier then announced that the Executive Council had approved the following membership of the Nominating Committee:

Dr. R. P. Knight (*Chairman*).
Dr. W. H. Gillespie.

Dr. René de Monchy.
Dr. P. J. van der Leeuw.
Dr. Carel van der Heide.
Dr. Phyllis Greenacre.
Dr. Daniel Lagache.
Dr. Heinrich Meng.

1st Scientific Meeting

Monday, August 6, 9.15 *a.m. Chairman:* Dr. P. J. van der Leeuw, Amsterdam.

Dr. Edward Hitschmann, Boston: 'Freud's Conception of Love.'

Dr. Gregory Zilboorg, New York: 'Clinical and Technical Aspects of Free Associations in the Light of Five Decades of Psycho-Analysis.'

Mrs. Melanie Klein, London: 'The Origins of Transference.'

Dr. Edward Glover, London: 'Research Methods in Psycho-Analysis.'

2nd Scientific Meeting

Monday, August 6, 2.30 *p.m. Section A. Chairman:* Dr. W. H. Gillespie, London.

Dr. Herbert A. Rosenfeld, London: 'Transference-Phenomena and Transference-Analysis in an Acute Catatonic Schizophrenic Patient.'

Dr. Franz Baumeyer, Berlin: 'Neue Erkenntnisse über das Leben und die Psychose Schrebers.'

Dr. Maurits Katan, Cleveland: 'Further Observations on the Hallucinations of Schreber.'

Dr. Herman Nunberg, New York: 'Discussion of Maurits Katan's Paper.'

Dr. Serge Lebovici, Paris: 'Le Contre-Transfert en Psychanalyse d'Enfants.'

Section B. Chairman: Dr. René de Monchy, Stockholm.

Dr. Michael Balint, London: 'Origins of Love and Hate.'

Dr. Anna Maenchen, Berkeley, California: 'Very Early Ego Disturbances.'

Dr. Margaret S. Mahler, New York: 'On Child Psychosis and Schizophrenia.'

Dr. René Spitz, New York: 'Authority and Masturbation.'

Section C. Chairman: Dr. Philipp Sarasin, Basel.

Drs. Richard and Editha Sterba, Grosse Pointe, Michigan: 'Ludwig van Beethoven and his Nephew.'

Dr. Fanny Lowtsky, Jerusalem: 'Mahatma Gandhi.'

Dr. Lambert Bolterauer, Vienna: 'Beiträge zur Psychologie des Fanatismus.'

Dr. Alexander Grinstein, Detroit: 'Stages in the Development of the Control over Fire.'

Section D. Chairman: Dr. Sacha Nacht, Paris.

Dr. Flanders Dunbar, New York: 'Technical Problems in Analysis of Psychosomatic Disorders.'

Dr. W. Clifford M. Scott, London: 'Patients who Sleep or Look at the Psycho-Analyst during Treatment: Technical Considerations.'

Dr. Fritz Morgenthaler, Zürich: 'Die doppelt geführte Reaktionsbildung.'

3rd Scientific Meeting

Tuesday, August 7, 9.15 *a.m. Chairman:* Dr. Heinz Hartmann, New York.

Symposium: 'Re-evaluation of the Rôle of the Œdipus Complex.'

Dr. Jeanne Lampl-de Groot, Amsterdam.

Dr. H. A. van der Sterren, Amsterdam ('King Œdipus of Sophocles').

Dr. Paula Heimann, London ('Early Stages of the Œdipus Complex').

Discussion opened by Dr. Maxwell Gitelson, Chicago, and continued from the floor (speakers included: Dr. Michael Balint, London; Dr. Ernest Jones; Mrs. Melanie Klein, London; Dr. Margaret Mahler, New York).

4th Scientific Meeting

Tuesday, August 7, 3 *p.m. Chairman:* Dr. Herman Nunberg, New York.

Princess Marie Bonaparte, Paris: 'Biopsychic Reflections on Sado-Masochism.'

Dr. Phyllis Greenacre, New York: 'Types of Genital and Pre-Genital Organization.'

Miss Anna Freud, London: 'Negativism and Emotional Surrender.'

Dr. Robert Waelder, Philadelphia: 'Authoritarianism and Totalitarianism.'

5th Scientific Meeting

Wednesday, August 8, 9.15 *a.m. Chairman:* Princess Marie Bonaparte, Paris.

Symposium: 'Mutual Influences in the Development of Ego and Id.'

Dr. Heinz Hartmann, New York.

Dr. Willi Hoffer, London.

Discussion opened by Miss Anna Freud, London; participants: Mrs. Melanie Klein, London; Dr. Sacha Nacht, Paris; Dr. W. Clifford M. Scott, London; Dr. Herman Nunberg, New York; Dr. H. G. van der Waals, Amsterdam; Dr. Jacques Lacan, Paris.

6th Scientific Meeting

Wednesday, August 8, 2 *p.m. Section A. Chairman:* Dr. Maurice Dugautiez, Brussels.

Dr. Abram Blau, New York: 'In Support of Freud's Syndrome of Anxiety ("Actual") Neurosis.'

Dr. W. H. Gillespie, London: 'Notes on the Analysis of Sexual Perversion.'

Dr. René de Monchy, Stockholm: 'Oral Components of the Castration Complex.'

Section B. Chairman: Dr. Grete L. Bibring, Cambridge, Mass.

Dr. Rudolf Brun, Zürich: 'The Biological Aspects of Psycho-Analysis.'

Dr. Barbara Lantos, London: 'Metapsychological Considerations on the Concept of Work.'

Dr. Kurt R. Eissler, New York: 'An Unknown Autobiographical Letter by Freud and a Short Comment.'

Section C. Chairman: Dr. Nicola Perrotti, Rome.

Dr. Samuel J. Sperling, Los Angeles: 'States of Unawareness.'

Dr. Hans W. Loewald, Baltimore: 'The Problem of Defence and the Neurotic Interpretation of Reality.'

Dr. H. A. Thorner, London: 'Criteria of Changes in Patients during Analysis.'

Section D. Chairman: Dr. Alfred Winterstein, Vienna.

Dr. Kiyoyasu Marui, Hirosaki, Japan: 'Psychoanalytic Investigation concerning Hysteroepilepsy.'

Dr. Paul Parin, Zürich: 'Ein allgemeiner Kompensationsversuch der Neurotiker.'

Business Meeting

Thursday, August 9, 9.15 *a.m. Chairman:* Dr. Leo H. Bartemeier, Detroit.

President's Report. Dr. Leo H. Bartemeier:

The report of the business meeting of August 17, 1949, was edited through the kindness of Dr. Jones and has been published in the Bulletin. This report includes an appendix which consists of the statutes as they were revised during the meeting. These up-to-date statutes have recently been printed and distributed to you at the beginning of this Congress. Copies will also be sent in the near future to every member of the Association through the Branch Societies. Because of an oversight, I failed to carry out Dr. Jones' suggestion during the last business meeting to print at least a thousand copies of these revised statutes right away and have them distributed. For this oversight I beg your kind indulgence, and while it does not compensate for my negligence, I wish to inform you that Dr. Grete Bibring has had 2,000 copies printed and now carries them with her.

The published reports of business meetings are parts of the official proceedings. They have important historical significance and it is essential that they be as correct as possible.

Do you wish to make any corrections, additions or deletions in the report of the business meeting of August 17, 1949? If not, I assume that you approve this report as it was published in the Bulletin. (*Approved.*)

I hope that this precedent of having an American President has proved reasonably satisfactory to the members of the Association. It certainly extends the correspondence around the world and sometimes things have been a little difficult to manage, but I think it has had its compensations in the international relations of Psycho-Analysis.

I will now read the names of members who have died during the past two years.

From the American Psychoanalytic Association:
Kilian K. Bluhm.
Trigant Burrow.
Miriam F. Dunn.
Paul Federn.
Bela Heksh.
Myra Oberholzer.
John S. Poe.
Henry A. Reye.
Johan H. W. Van Ophuijsen.
Lennart W. Wiren.
Fritz Wittels.

From the British Society:
Muriel Hughes.
John Rickman.
Wulf Sachs.
William H. B. Stoddart.
Ruth D. Usher.

From the Dutch Society:
Jan van Emden.

From the Vienna Society:
August Aichhorn.

From the Israel Society:
Daniel K. Dreyfuss.

From the Indian Society:
Colonel Claud D. Daly.

I will ask you to rise for a moment of silence as a token of our grief and respect for those we have lost.

Dr. Bartemeier (continuing): In 1949 it was estimated that there were approximately 800 members in the Association. A recent count, which is found to include affiliate members who do not yet belong to the Association, and is therefore incorrect, brings the number to 1,300. At this point, the figures are still unreliable and the correct number of members cannot be evaluated exactly. There is need for a central roster and a printed list of all members in the form of a booklet which might be reprinted and brought up to date every two years. This would be useful and its cost probably not prohibitive.

A total of 453 persons have registered for the present Congress. Of this number, 162 are members, 78 are associates, and 213 are guests.

In speaking to you about the activities of the Association during my term of office, I will limit myself to the changes which have taken place and other essential facts about which you need to be informed.

In the *American Psychoanalytic Association*, two of the Affiliate Societies split into separate organizations because of differences of opinion on the basic philosophy of teaching and training. The Philadelphia Society and Institute has divided and in addition to one organization bearing the same name, there is a new Society known as the Philadelphia Association for Psychoanalysis.

In California, the Los Angeles Society split into the Los Angeles Psychoanalytic Society and Institute and the Society and Institute for Psychoanalytic Medicine of Southern California.

In New York, under the direction of Dr. Sandor Lorand, a new institute has been organized for psycho-analytic training at the Long Island Medical School.

A Committee of the American Association has been established for the purpose of studying the training activities in the various Institutes. This committee has also been making recommendations to the Board on Professional Standards regarding the applications of new training centres.

A significant event in America during the last two years was the visit of Anna Freud, who was invited by the Psychological Department of Clark University at Worcester, Massachusetts, to give two lectures on the occasion of the sixtieth anniversary of the University, in April, 1950. During the eighteen days that Anna Freud spent in America, she also addressed the New York Psychoanalytic Society, and the students of Harvard and Radcliffe Colleges. Subsequently she spoke at the Austen Riggs Foundation in Stockbridge, Massachusetts; at Western Reserve University in Cleveland, Ohio; and finally in Detroit, where she addressed the Annual Meeting of the American Psychoanalytic Association, as well as a large public audience. She was awarded the Honorary Degree of Doctor of Law by Clark University and elected an Honorary Member of the American Psychoanalytic Association.

In 1950 the *British Institute of Psycho-Analysis* purchased a larger and better house in order to meet its expanding needs. The purchase of this building was made possible by legacies and generous contributions from members. A general Appeal for additional funds is in progress at the present time. The British Society now has some 130 members.

Since 1948, when the National Health Service Act became law and most hospitals were nationalized, the London Clinic of Psycho-Analysis has continued as an independent organization. Its work was so intimately connected with the teaching activities of the Institute of Psycho-Analysis (of which the Clinic is a part) that, when the Board of the Institute made representations to the Government, the result was that the Clinic was not nationalized. An agreement was reached between the Institute and the National Health Service whereby a certain number of patients, who were accepted by the National Health Service and who were also approved by the Institute's Clinic, were treated under an arrangement by which the Government and not the patient made a contribution towards the cost of treatment. Approximately 25 per cent. of the Clinic patients are treated under this plan.

In the Spring of this year, on the occasion of the Tenth Anniversary of the *Institute for Psycho-Analysis in Melbourne, Australia*, a new Psycho-Analytic Institute was established at *Sydney, Australia.*

The *Italian Society*, which consists of seven full members, three of whom are training analysts, convened the second Italian Congress of Psycho-Analysis at the University of Rome in 1950. This Congress, which continued for four days, was attended by more than sixty persons.

The *Swedish Society* reports a steady growth and development, with many more applications from patients and prospective candidates than can be accepted. The Society is training some candidates from Finland. In May of this year, the University of Stockholm conferred an Honorary Degree on Dr. Alfhild Tamm in recognition of her work in psycho-analysis, and she was made an honorary member of the Swedish Society.

You will remember that during the last Congress we gave only provisional recognition to the *German Psycho-Analytical Society* (*Deutsche Psychoanalytische Gesellschaft*) because of problems concerning its composition and the scientific trends in the group. The main question under discussion was the rôle which Dr. Schultz-Hencke's neo-psycho-analysis played. The last Congress felt that this should be clarified and that the German Psycho-Analytical Society should first re-establish its psycho-analytic orientation before a final decision could be made. After unsuccessful attempts to carry out these suggestions, Dr. Carl Müller-Braunschweig organized a new group, the German Psycho-Analytical Association (Deutsche Psychoanalytische Vereinigung). The membership has now increased to eleven, and Dr. Müller-Braunschweig has made formal application to the International Psycho-Analytical Association for recognition of this new organization. The Executive Council suggests to the Congress acceptance of this application for full recognition. I might stop at this point and ask your appreciation in this matter. Is there anyone who wants to make a motion?

(*From the audience*) Can you tell us what happened precisely?

Dr. Müller-Braunschweig recounted the story of the split in the German Psycho-Analytical Society (Gesellschaft). He had tried to influence analysts of this group to leave the German Psycho-Analytical Society (Gesellschaft) and form a new group based exclusively on psycho-analytic principles, thus

separating from the other psychotherapeutic schools comprised in the German Institute for Psychotherapy and in the German Psycho-Analytical Society (Gesellschaft). This suggestion was not found acceptable by the majority of members and Dr. Müller-Braunschweig then founded with a small group of colleagues the German Psycho-Analytical Association (Vereinigung) for which he is now requesting recognition from the International Psycho-Analytical Association.

Dr. Bartemeier: Is there any other question? Shall we then carry the motion the Executive Council has recommended: that the Association under the direction of Dr. Müller-Braunschweig receive formal recognition? (*Carried unanimously.*)

Dr. Bartemeier (*continuing*): On the other hand, the old organization, the German Psycho-Analytical Society (Gesellschaft), now under the chairmanship of Dr. Felix Böhm, did not fulfil the request to guarantee a sound psycho-analytic development by eliminating the neo-analytic influence. We discussed this problem of the old organization in the Executive Council very carefully, and we recommend to the Congress that the provisional recognition of the German Psycho-Analytical Society be withdrawn. Are there any questions about this?

Dr. Kemper then gave a historical review of the development of the German Psychotherapeutic Institute for whose foundation he was responsible. This Institute was, at the time when the existence of psycho-analysis was threatened in Germany, the only place where the work could be continued. It was done by combining officially all the different psychotherapeutic groups under the Psychotherapeutic Institute, and this also provided for the Psycho-Analytical Society an affiliation with the Berlin Health Insurance. Dr. Kemper proposed extending the period of provisional recognition for the original German Psycho-Analytical Society (Gesellschaft) and delegating an official representative of the International Psycho-Analytical Association who should investigate this group and form an opinion as to its condition.

Dr. Böhm supported this request and stated that such a plan had been suggested already in Zürich but had not been carried out.

Dr. Bartemeier: In the official report of the Congress in Zürich which you have approved this morning and to which you gave your unanimous consent, the Business Meeting voted that the Central Executive pursue its investigations further, that provisional acceptance of the German Psycho-Analytical Society (Gesellschaft) be continued, and that the Central Executive report to the next Congress. This vote was accepted by 59 to 11.

Dr. Böhm, accepting this correction, felt convinced that the German Psycho-Analytical Society (Gesellschaft) whose chairmanship he had taken on only in October 1950, would be able to prove its scientific value for psycho-analysis between the present Congress and the next one if provisional recognition were extended for the next two years. He repeated the suggestion that members from other societies be sent to Berlin to study the scientific status of his group.

Dr. Bartemeier: Would it be feasible for some members of the old society to retain this membership for pragmatic reasons but at the same time become members of the new association?

Dr. Müller-Braunschweig replied that he had no objection to this proposal, but felt that it would have to be discussed first between the psychoanalytically oriented and the Schultz-Hencke oriented groups.

Dr. Böhm protested against this form of distinction between the two groups and also rejected the discussion of the problem of double membership as extraneous. He raised the question of the basic meaning of the contemplated rejection of the old German Psycho-Analytical Society (Gesellschaft). He felt that this implied a rejection of himself, as if his teaching and writing had shown a deviation from the system of psycho-analysis, and he protested against this implication.

Anna Freud reminded the audience that the decision in Zürich to accept the German Psycho-Analytical Society (Gesellschaft) only provisionally was certainly not directed against its chairman, Dr. Müller-Braunschweig. By the same token, the present consideration whether to reject the application of the German Psycho-Analytical Society (Gesellschaft) was not directed against its present chairman, Dr. Böhm. It never had been a personal matter, only a matter of considering the membership of societies. The objections last time and the objections now had been directed against the teaching influence of Dr. Schultz-Hencke in the German Psycho-Analytical Society (Gesellschaft) and not against Dr. Böhm's influence. It would be a unique occurrence if the International Psycho-Analytical Association were to accept an institute that was not working independently and these considerations led to the request made at the Congress in Zürich. Dr. Müller-Braunschweig accepted the conditions that the German Psycho-Analytical Society had to become an independent society by founding the new Association (Vereinigung).

Dr. Bartemeier: The recommendation of the Executive Council is now under discussion. It has been recommended that the provisional recognition of the German Psycho-Analytical Society (Gesellschaft) be withdrawn. This is the society from which Dr. Müller-Braunschweig and his new group have separated. I now put this recommendation to the vote. (*Motion carried by a large majority. Four votes against.*)

Anna Freud: I see no reason why the Society (Gesellschaft), if it should work out as Dr. Böhm suggests, could not reapply for recognition in the future. (*Applause.*)

Dr. Bartemeier (*continuing*): We are glad to say

that we have finally again contacted, for the first time since the beginning of the war, a member of the former *Norwegian-Danish* group, Miss Hjordis Simonsen.

Applications for recognition have been received from groups in *Denmark* which we have studied very carefully. As they came in very late and as they do not yet seem to fulfil the requirements, we cannot recommend them for recognition at this time, but hope that before the next Congress some further development will take place.

The training activity in the *Swiss Society*, which will be organized as an Institute, is being formulated in statutes which will soon be completed. The research project of the Scientific Committee of the International Psycho-Analytical Association has shown that in this Society most of the recent interest has been concentrated on pre-œdipal problems. This probably results from the importance which child analysis and the treatment of schizophrenics has recently acquired. The Society has seven new members. Two-thirds of the members of the Swiss Society are medical and one-third are lay members.

As I mentioned in my opening address, the *Dutch Society* is growing gradually and its Institute is now training twenty-five candidates.

Although the *French Society* has not yet been able to realize its intention to establish an Institute, its Training Committee has formulated and published its rules for training. At the present time about forty candidates are in training and an equal number are having control analyses. Many of these candidates come from Egypt, Spain, and Latin America. Some come from Belgium, and the Training Committee works in close collaboration with the Belgian Society. Practical and theoretical seminars are planned for this year. The younger generation of Parisian psychiatrists is almost entirely oriented towards psycho-analysis.

The *Belgian Society*, which was granted provisional recognition in 1947, continues under the direction of its three founders who also comprise its Teaching Committee. Seminars are held weekly and the society publishes a Quarterly Bulletin which is sent to all analysts who express their interest in receiving it. Fourteen training analyses are in progress and three candidates are having control analyses.

We are informed by Dr. Winterstein that the *Vienna Society* is handicapped in its training of candidates by a lack of experienced analysts for teaching. The Society hopes that foreign analysts will come to Vienna to lecture and that the International Psycho-Analytical Association might enable candidates and younger members to visit the United States or England for training purposes. The Society is also handicapped by a lack of psycho-analytic books, bulletins, and journals, and hopes that this Association might assist in this matter.[1]

Dr. Bolterauer, the Chairman of the August Aichhorn Gesellschaft, whose goals and needs are known to you, is present at this Congress. Those of you who appreciated Aichhorn's work highly may get in touch with him.

The Congress will be interested to know that at the proposal of Professor Hans Hoff, Director of the Neuro-Psychiatric University Clinic in Vienna, the Senate of the University of Vienna has unanimously resolved to set up a monument to Professor Freud in the arcades of the University.

Since the last Congress, Dr. Sparta Scarizza of Trieste has settled in Havana, *Cuba*, and is conducting the therapeutic analyses of several of the Cuban psychiatrists.

Quite recently I received an application from Dr. Miguel Prados of *Montreal*, informing me that Dr. Eric Wittkower of London, Dr. George Zavitzianos of Athens, and Professor Theo Chantrier of Paris, have located in Montreal. They are now expecting an additional young analyst from England and another from New York and are forming a psychoanalytic Study Group. They wish to become affiliated under the auspices of the Detroit Psychoanalytic Society.

The *Israel Society*, which is concentrated in Tel Aviv, Haifa and Jerusalem, now has twenty-four members. The society has an Institute in Jerusalem, founded by the late Dr. Max Eitingon and named after him. Meetings are held once a month and seminars are arranged for the candidates. The number of analysts is insufficient to meet the needs. Many of the newly-trained candidates go into preventive medicine and child guidance clinics.

You will recall that no definitive action was taken at the last Congress regarding an application from the *Sao Paulo Society* in Brazil, to which provisional recognition had been given in 1945. This postponement was due to the problem which arose in connection with another group which had developed in Rio de Janeiro. The new group took the name of 'Brazilian Psychoanalytic Institute', although this did not have any bearing on even a provisional recognition of this organization. The relations between the new group and the Sao Paulo Society were tense at this time. The Sao Paulo Society had been organized in 1944 under the direction of Dr. Adelheid Koch of Berlin, and had seven members. An application for full recognition of the Sao Paulo Society has again been received. Since the last Congress, an additional training analyst, Dr. Theon Spanudis from Vienna, has been added to the Society. The Executive Council now recommends approval of this application for full recognition.

[1] I have discussed the need for sending psychoanalytic literature to deserving colleagues *in this and other societies* who cannot obtain it otherwise, and the Executive Council was in sympathy with this idea. Various ways of providing current analytic literature were suggested, and I hope these will be put in operation in the near future.

Is there a member from Brazil present who wants to discuss the point?

Dr. Kemper: I am living in Brazil and I am in favour of the recognition.

Dr. Bartemeier: No counter votes? Then the proposal is carried unanimously.

We have learned from Dr. Matte-Blanco, the President of the *Chilean Society*, of the official acceptance of psycho-analysis by the Chairman of Psychiatry of the University of Chile. The Chilean Society has twenty-three candidates in training.

Dr. Angel Garma, the President of the *Argentina Psychoanalytic Society*, informed us that the Society now has seven training analysts, twelve members, and seven associate members.

Dr. Marui, President of the *Sendai Psychoanalytic Association* in Japan, has requested permission to change the name of the Society to ' Japanese Psychoanalytic Association '. The Executive Council has advised Dr. Marui to retain the name ' Sendai ', inasmuch as we have received some information of the existence of another society in Tokyo, and we hope the Congress will agree. (*Agreed.*)

The question of *Membership Dues* was discussed by the Executive Council, and it is recommended to the Congress that the individual membership dues of the equivalent of two dollars per year be continued as minimum membership dues, and that if any Branch Society can contribute more, this increase to the treasury of the Association will be welcomed. (*Accepted.*)

A communication has been received from Dr. Julia Corominas of *Barcelona* informing us of a group of psychiatrists studying psycho-analysis without being able to establish any affiliation with any other group. They desire to form contacts with other groups, to get information and help in their endeavours. At the request of the Secretary of this group, we invited Dr. Otaola as a guest to this Congress. The Executive Council did not feel able to give any advice as yet.

We have learned that four members of a study group in *South Africa* who had been in training with Dr. Wulf Sachs, whose death occurred prior to the last Congress, are now in training in the British Society.

With regard to the *Memorial Publication of Professor Freud's Collected Works*, I am pleased to inform you that sufficient money has been collected in the American group to make it possible to print them and all difficulties have been overcome. James Strachey's translations are far advanced and five volumes are ready for printing—among them *The Interpretation of Dreams.*

The Congress will remember that there are still *lay members* who have no affiliation with any Branch Society of the International Psycho-Analytical Association. The American Psychoanalytic Association suggests that they should receive the status of Members-at-Large after careful evaluation of their qualifications. The American Society offers the assistance of a Screening Committee consisting of the President of the American Society, the Chairman of its Board on Professional Standards, and a member of the Executive Council of the International Psycho-Analytical Association who at the same time is a member of the American Psychoanalytic Association. Dr. Grete Bibring has set up a list of these lay members who have no affiliation with any Branch Society and could give you any information she has gathered about them.

Dr. G. Bibring explained in detail the situation leading to this proposal: According to the Constitution of the International Psycho-Analytical Association, its membership can be granted only to those analysts who are members of one of the component societies of the International Psycho-Analytical Association. The component society of the I.P.A. in the United States is the American Psychoanalytic Association. Its constitution excludes from membership any lay analyst who was not a member of one of its affiliated societies in 1938. Thus a number of lay analysts, most of them formerly members of European societies, who immigrated into the United States after 1938 could acquire membership in the affiliated societies of the American Psychoanalytic Association—some of them even became honorary members of their societies—but they could not become members of the American Association and therefore not members of the International Psycho-Analytical Association. In order to straighten out this anomalous situation the question of establishing a membership at large for these analysts has been considered under the conditions which Dr. Bartemeier suggested.

Anna Freud: I should like to support this proposal very warmly, and I think we in Europe should be grateful for it. I well remember the time when we hesitated to make these lay analysts Members-at-Large because we felt that thereby we might offend our American colleagues by sending them members of our own making before asking them to acknowledge this status. It is very fine indeed that the proposal to make them Members-at-Large now comes from our American colleagues. I think it a great step forward in the collaboration between the American and European societies, and I think it very fair that the situation will be eased by an initiative from the American side, where these colleagues live and work.

Dr. Bartemeier: I put the proposal to the vote. (*Carried unanimously.*)

Dr. Jones asked for information about the splitting up of training institutes among the American groups.

Dr. Knight, *Dr. Bartemeier* and *Dr. G. Bibring* explained the relationship which existed in the United States between the affiliated societies which are autonomous in their training activities and the American Association with its Board on Professional Standards. This Board is studying the conditions in the different institutes and setting up minimal standards which must be recognized by the

affiliated institutes. Nevertheless, there are within the framework of the minimal standards sometimes strong divergences of opinion within the individual societies which make a separation into two institutes desirable, with the proviso that these two newly established groups apply for recognition by the Board after investigation of their teaching facilities and training standards by the Committee on Institutes. These new institutes will be accepted by the Board on Professional Standards only on the recommendation of the Committee on Institutes.

Report of the Central Research Committee. Dr. Glover referred to the report he had distributed to the members of the Congress (see Appendix I (*a*)).

Dr. Bartemeier (*continuing*): Thank you for the report and for the excellent paper on psychoanalytical research which you read at the scientific meeting.

Dr. Glover emphasized the importance of the most democratic procedure in setting up the branch committees in order to promote as much as possible their scientific activities. He also requested urgently that the committees should be organized speedily so that the common research work could start soon.

Dr. Bartemeier (*continuing*): We have the report before us. We can approve it and accept at the same time the resolution; [2] or we can take separate action on the report and the resolution.

Dr. Jones was in favour of treating the two issues separately.

Dr. Oberndorf pointed out the significance of the report and the importance of a research project investigating the therapeutic results in connection with the different techniques which are used. He referred to the marked difficulties he encountered in an attempt to study these questions in the United States with the financial support of an interested lay group. He expected better results if the International Psycho-Analytical Association stood behind such a project and suggested providing the pertinent material in personal contact with the individual analysts.

Dr. Hoffer pointed out that the name 'Central Research Committee' should be replaced by 'Scientific Committee' as this was the original title suggested in Zürich.

Dr. Glover favoured this change of title but felt this proposal should come first from the committees of the Branch Societies.

Dr. Jones felt it could be done in this meeting as the change of title was not a principal point.

Dr. Glover was willing to accept this change.

Dr. Bartemeier (*continuing*): May I suggest, in order to clarify this and to keep our procedure in order, that during the period until the next Congress, you might make the changes that seem to be indicated. Does everybody agree? Then we will make a pause for a quarter of an hour.

Dr. Bartemeier: I reopen the session. We have on the agenda the subject 'Research', and Dr. Hoffer is correct that 'Central Research Committee' is a different title from the original 'Scientific Research Committee'. Dr. Glover has expressed to us his entire willingness to change the wording in any way. So, with your approval, I would maintain that this is the report of the 'Scientific Committee on Research'. Dr. Glover remarked at the last Congress that the Executive Council should be instructed to appoint without delay a scientific committee to secure an accurate survey of developments in psycho-analytic theory, practice, and teaching methods during the past ten years.

Dr. Gillespie welcomed Dr. Glover's new proposal and the change in the title and indicated that the British Society had not been happy about the committee's constitution, aims and methods. He was especially interested that a decision as to the method of election of a new Central Committee should be made already at this business meeting.

Dr. Glover's opinion was that this should be decided in a more democratic way by the branch committees.

Dr. Gillespie proposed that the Congress decide that a new Central Committee should be nominated by the branch committees and the Executive Council should take over the matter in place of the present Central Committee until the branch societies had set up their committees and could proceed with the election.

Dr. Bartemeier (*continuing*): We have the proposal before us passed by Dr. Gillespie, that the branch committees should vote directly or through their delegates; and the second or additional proposal that the whole matter be reserved for the Central Executive in order to ensure that the branch societies act directly or through their delegates. I put the proposal to the vote. (*All in favour except the Central Executive.*) (*The report was accepted unanimously.*)

Report of the Editor of the International Journal, Dr. Willi Hoffer (see Appendix I (*b*). (*The report was accepted unanimously.*)

Report of the Treasurer, Dr. Philipp Sarasin (see Appendix I (*c*). (*The report was accepted unanimously.*)

Report regarding The Sigmund Freud Archives by Dr. Kurt Eissler (see Appendix I (*d*)).

Dr. Jones expressed his appreciation of the plans and efforts which had been made but regretted that it had been started on a private basis and not in conjunction with the International Congress. He also pointed out that he had been instructed some time ago to collect all the available material pertaining to the psycho-analytic movement from its beginning and to hand it over to Miss Freud for the Freud Museum. This had been carried out up to this time. He raised the question whether this

[2] See Appendix I (*a*).

collection and Dr. Eissler's did not belong together and whether it should go to the Archives or whether the material of the Archives should not be added to the Freud Museum.

Dr. Bartemeier: I take it that you thought it a good plan for the Freud Archives to be one of the activities of the International Association and not a private undertaking?

Dr. Scott supported Dr. Jones' suggestion and wanted to have included in the Archives the material which refers to Freud's early chief-associates. He favours re-organization of the whole scheme and would want to entrust to the International Psycho-Analytical Association the task of organizing it within the next two years.

Mme. Bonaparte expressed her conviction that the Archives should be centralized and asked to hear Miss Freud's opinion.

Dr. Bartemeier: I do not think we can make a decision now at this Congress, and I hope the Central Executive will take the proposal into consideration and will in discussion with Dr. Eissler and other representatives of the Freud Archives work out as far as possible a new scheme in the direction suggested.

Invitations for the next Congress from the British Psycho-Analytical Society.

Dr. Gillespie proposed that the next Congress be held in Great Britain. London, Cambridge, or Edinburgh were under consideration for this meeting.

Dr. Nacht brought the invitation of the French group to hold the next meeting in France.

Dr. Bartemeier: We have now two invitations, one from the British Society and one from the French group. I thank you for both invitations in the name of all of us. Will you now decide which invitation we shall accept for our next Congress.

Dr. Jones pointed out that even though much spoke in favour of the French invitation he was in favour of voting for the British one as the Congress had been held more recently in Paris than in England. (*Applause.*)

Dr. Bartemeier: The applause proves that we accept the British invitation by acclamation, but according to our constitution we must put the proposal to the vote. Will those in favour raise their hands. (*Proposal carried by large majority.*)

Dr. Jones: I think it would be helpful for the British Society if the Congress should express a more definite opinion about the exact location. There is in my opinion a great deal to be said for Edinburgh, and I think among other things of the musical festival; there is much to be said for Cambridge as the seat of the next Congress, and surely there is also something to be said for London.

Dr. Nacht suggested Cambridge; *Dr. G. Bibring* proposed leaving the decision to the British Society, as there may be problems of accommodation, etc., which can only be judged by the host-society.

Report of the Nominating Committee.

Dr. Knight: The Nominating Committee has made the following recommendations:

President:	Dr. Heinz Hartmann
Secretary:	to be nominated by the President
Treasurer:	Dr. Maxwell Gitelson
Vice-Presidents:	Mme. Bonaparte
	Miss Anna Freud
	Dr. Lampl-de Groot
	Dr. Sarasin

Dr. Bartemeier: We have before us the recommendation of the Nominating Committee, which proposes the name of Dr. Hartmann as President of the Association. Are there any other nominations from the floor? As there are none, I declare, with your approval and without a further formal motion, Dr. Hartmann elected President of the International Psycho-Analytical Association. (*Applause.*)

Dr. Heinz Hartmann: Ladies and gentlemen. I am very grateful to you for your confidence and deeply appreciate the honour you have done to me. Since its foundation, the International Psycho-Analytical Association has gone through different periods that have made different demands on it; but in all stages of its history it has proved to an extraordinary degree capable of solving those problems of adjustment and of integration that an organization of analysts has to face. Actually, it was able to withstand not only troublesome but tragic circumstances. The present Convention again bears witness to its high level of aspiration and achievement, in its scientific and its organizing work. I trust I shall have the needed help of all of you in trying to maintain this level, for the benefit of all individual analysts and of the heritage left to us by Sigmund Freud. I thank you again. (*Applause.*)

I want also to make the announcement to you that the Honorary Secretary of the International Psycho-Analytical Association will be Dr. Ruth Eissler of New York. (*Applause.*)

(*Dr. Hartmann takes the chair.*)

Dr. Hartmann: Strictly speaking, the President nominates his Secretary himself, but the nomination has to be ratified by the Congress. This is a technical matter to which I must call your attention. I see by your spontaneous approval that you have ratified the nomination.

Dr. Jones: Now as changes are taking place, may I invite the members to pass a very hearty vote of thanks to our resigning president. I have myself worked for years to bring about a closer co-operation between the continents across the Atlantic. Our resigning president has done the same, and he has been able to control the greatest distances with the greatest facility. I have reason to tell you that in observing his work I learned to know what a great deal of work he has done and with what great labour and success he carried it out. So I think we

are greatly indebted for what he has done for us. (*Applause.*)

Dr. Hartmann: As you heard, Dr. Gitelson is nominated for Treasurer, and I ask you now, are there any other nominations from the floor? If not, I hope you give your consent to the nomination of Dr. Gitelson as Treasurer. (*Applause.*)

Dr. Knight also told you that for Vice-Presidents the following names were given: Anna Freud, Marie Bonaparte, Jeanne Lampl-de Groot and Philipp Sarasin. Do you want to accept them? (*Applause.*)

This is practically the end of our programme, and I want to ask you whether there is any other business you would like to discuss.

Dr. Nacht: I would like first of all to thank and to congratulate all the people who organized this Congress. We all have the impression that the organization was impeccable, and I want to express our appreciation in the name of the French group.

Then I would like to make some proposals with regard to our next Congress. I wonder whether it would not be advantageous to publish the papers which will be discussed a few months before the Congress. This could be done in the form of short statements. Furthermore, I propose adding to the prepared discussion a discussion from the floor, for which a part of the afternoons could be reserved. Finally, I suggest designating at the present time the speakers who will have to carry the burden for all of us at the next Congress.

Dr. Hartmann: Dr. Nacht suggests that some changes be made in the programme of the next Congress which may help to improve our deliberations and discussions. The Executive Council will certainly deal with these suggestions.

Dr. Bartemeier: I will keep you but a few moments. I want to speak a few words now as I am departing from the Board of this Association. I have had during my period of office the continuous help and advice of my colleagues and my work for the Association has depended very much on the other members of the Executive Council. I have turned to them for almost every decision of importance I had to make, and they helped me especially very much in preparing this meeting.

Next I want to express my heartfelt thanks to the person who helped me most consistently, most closely, most diligently, with great sacrifice to herself: Dr. Grete Bibring. (*Applause.*)

We attend a Congress, we see a list of names on the programme, we see that there is a reception committee, a programme committee, an organizing secretary. We read all these names, and behind each of these names lies a tremendous amount of work, work especially contributed by the Dutch Society. I want to express my sincere thanks for what they have contributed to the things we have learned here and the pleasures which have gone with it. These were the best regulated meetings we have ever had. I think this is due to the phenomenal talent the Dutch people have for organization. If they insist we should come again, well, we will come, and they need not insist very hard!

I have one more thing to say. I want to give the thanks of all of us to Dr. Glover, Dr. Sarasin, Dr. Hoffer, Dr. Eissler and all other persons who reported to us and those who took part in the discussion. We must thank them for what they have contributed to the success of this Congress and for the quick and efficient way in which they enabled us to handle our work of this morning. Thank you all very much.

Anna Freud: I only want to add one sentence to what Dr. Jones has said before, namely, that Dr. Bartemeier and his secretary, Dr. Grete Bibring, as President and Secretary of the Association, have accomplished in the last two years a thing which we thought hardly possible and which contributed to-day to our choice of the next president. They have given us the feeling that the International Psycho-Analytical Association has taken good care of all things, whether they came from the American or the European side. I hope that in the future local considerations as to the place from where our president comes may be totally dropped, and that we may become a truly international society again. (*Applause.*)

Dr. Hartmann: If there is no further business, I shall close the Business Meeting of the seventeenth Congress of the International Psycho-Analytical Association. I cannot do so without adding my personal thanks to those of the others for the Dutch group who, through a wise dosage of work and pleasure, have made the Congress as successful as we all feel it to have been. (*Applause.*)

The meeting is adjourned.

APPENDIX I

REPORTS TO THE BUSINESS MEETING, SEVENTEENTH INTERNATIONAL PSYCHO-ANALYTICAL CONGRESS, AMSTERDAM, 1951

(*a*) *Report of the Scientific Committee on Research*

In the light of its experience during the past two years, the Central Research Committee desires to put forward one resolution only, viz., 'That the International Association should forthwith invite each constituent Branch of the Association to appoint as soon as possible a Branch Research Committee for the purpose of organizing and putting into effect all research projects coming

within its competence.' Should such Branch Committees be appointed, the Central Research Committee would wish to submit to them the following suggestions for their early consideration:

(1) That a Central Committee is essential to the effective organization of research.

(2) That the functions of the Central Committee should include the following activities:

(*a*) the correlation of work produced by the various Branch Research Committees;
(*b*) effecting intercommunication and exchange of ideas between the various Branch Research Committees;
(*c*) instigating or promoting such researches as are more conveniently organized by a central body;
(*d*) presenting reports to the International Association.

(3) That the mode of election of a new Central Committee should be immediately considered by the Branch Committees.

In regard to the mode of election the Research Committee wishes to point out that three methods of nomination are in order:

(*a*) by the Branch Committees acting directly or through their delegates;
(*b*) by the Central Executive;
(*c*) by a combination of (*a*) and (*b*).

Although recognizing that the system of election raises issues of scientific importance, the Central Research Committee has put forward no resolution on this particular matter; they would be prepared, however, to recommend to the Branch Committees the following suggestions, viz., that each of the Branch Committees should appoint one representative member, thereby forming a committee of, say, twenty or more members. One of the duties of this intermediate committee could be to nominate and submit to the Central Executive for approval the members of the new Central Research Committee. Where a number of small Branches exist in a given area, they could combine to select one representative. Other duties of this intermediate committee would be to advance such larger-scale projects as require wider direction than that of individual branches, and to undertake some of the work of intercommunication at present carried out by the Central Research Committee. The Central Research Committee would suggest that when these plans have been duly considered by Branch Research Committees, their recommendations should be correlated by the existing Central Research Committee and the consensus submitted to the Central Executive for approval. Ideally this should be effected without delay: but in the case of disagreement between the branches as to policy, the matter could be determined at the next business meeting of the Congress.

In order to give effect to any decisions arrived at and to promote continuity of effort, the existing Central Research Committee recommends to the Business Meeting: That the existing Central Research Committee should continue in existence until such time as the mode of election of the new intermediate committee and of the new Central Committee is agreed upon by the branches and approved by the Central Executive, and the new Central Committee duly elected. It would be the intention of the existing Central Research Committee to transmit to the Branch Committees, as soon as they are appointed, such reports and surveys as have been already gathered and which concern the respective Branches.

In the meantime a full and detailed report on the systems of training and teaching existing in the various Branches or Institutes is almost complete, and when completed will be sent to the various Training Secretaries concerned for their future consideration.

EDWARD GLOVER

(*Chairman, Central Research Committee*)
Scientific Committee on Research.

(*b*) *Report on the* INTERNATIONAL JOURNAL OF PSYCHO-ANALYSIS

Since the Zürich Congress the *International Journal* has ceased to be the Official Organ of the I.P.A.A. It was decided, however, to continue publication of the *Bulletins* in the Journal. Further, in accordance with the last Congress's decision, all members of the I.P.A.A. have been supplied with a printed copy of the *Bulletin*, which was either sent to the members included in the *Journal* or, to members from non-English-speaking countries, in the form of an off-print. Almost all of the papers read at the Zürich Congress were published in a Joint Number not very long after the Congress. The Editors hope to be able to publish the papers and discussions read at this Congress as soon and as completely as possible. The co-operation of all contributors to this Congress will be appreciated.

I have to report to the Congress two personal matters:

Soon after the Zürich Congress, on the initiative of my colleagues on the Editorial Committee, Dr. Rickman and Dr. Scott, I was entrusted with the Editorship by the Board of the London Institute, and Dr. Rickman and Dr. Scott in London and Dr. Oberndorf in New York have since acted as Assistant Editors. This change was intended to disburden Dr. John Rickman of the heavy administrative duties of an editor and to enable him to contribute more with respect to the content than the administration of the *Journal*. He had just started to do so in a most original and stimulating way, when sudden death took him away from his work and from us. His inspiring and intuitive

personality, his drive, his great interest and experience in problems of communication, made him an invaluable leader, friend and helper.

About the immediate future of the *Journal* I can inform the Congress that it will continue to be published regularly, and I hope the expectations of all members who submit valuable papers for publication will be met in good time.

WILLI HOFFER,
Editor.

(c) *Report of the Treasurer of the International Psycho-Analytical Association*

As a result of the unfavourable condition of the money market, it was necessary to conduct the transactions of the Central Treasury in four currencies at the same time: (1) Swiss francs; (2) American dollars; (3) English pounds; (4) Dutch gulden. The Treasurer's report therefore shows four balances in those currencies. The accounting has been technically examined by the Fides Trust Co. of Basel.

Above all, I wish to express my sincere thanks to the Treasurer of the British Psycho-Analytical Society who has taken care of the English pound account of the International Psycho-Analytical Association.

INTERNATIONAL PSYCHO-ANALYTICAL ASSOCIATION CENTRAL TREASURY

Credit Balance as of June 30, 1951

Dutch Society (Dutch gulden)	—
British Society (English pounds)	£747 19 0
Swiss Kreditanstalt Basel	
Swiss franc account	Sfr. 3,292.00
Dollar account	$327.40

Dutch Society

Dutch gulden	
Receipts (membership dues)	hfl. 319.20
Expenditure (advance to the Congress Treasury, Amsterdam Congress, 1951)	hfl. 319.20
Credit balance	—

British Psycho-Analytical Society

English pound account, London (account statement June 30, 1949—June 30, 1951)

Total income (balance, Zürich Congress fees, membership dues)	£1,157 19 2
Total expenditures (refunds, petty cash, bulletins)	410 0 2
Credit balance	£747 19 0

Swiss Kreditanstalt Basel

Swiss Franc Account

Total income (balance, Zürich Congress advance, Congress fees, rent, membership dues)	Sfr. 7,406.96
Total expenditures (advance to Zürich Congress, Fides Treuhand, taxes and charges, advance to Amsterdam Congress)	4,114.96
Credit balance	Sfr. 3,292.00

Dollar Account (opened on March 13th, 1950)

Total income (membership dues)	$867.84
Total expenditures (charges and commissions, advance to Amsterdam Congress)	540.44
Credit balance	$327.40

PHILIPP SARASIN,
Treasurer.

(d) *Report on the Sigmund Freud Archives, Inc.*

The Sigmund Freud Archives were incorporated in the State of New York on January 5, 1951. Their aim is to collect and preserve all material relating to the biography of Professor Freud, and to his medical, psycho-analytic, and other scientific interests. All the material collected is to be deposited with the Library of Congress in Washington. The Archives have an agreement with the Library of Congress, whereby all documents contributed will be kept secret and confidential for as long a period of time as the contributor designates. We are interested in securing letters written by Professor Freud (the original letters, if possible, or photostatic copies) and copies of letters written to him, as well as reports from persons who were in contact with him.

The present difficulty is that of raising funds, which are urgently needed in order to arrange for the proper interviewing of as many individuals as possible.

In order to achieve our goal, it is important for everyone to inform The Sigmund Freud Archives, Inc. of the names of persons who were in correspondence with Professor Freud or were acquainted with him. This would include patients known to have been in treatment with him, or their families, so that a complete picture of their later biographies may be obtained.

The official address of the Archives is 575 Madison Avenue, New York 22, N.Y.

The Officers, Board of Directors and Honorary Members are:

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Marie Bonaparte, *Vice-President.*
Henri Flournoy, M.D., *Vice-President.*
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Anna Freud.
Ludwig Jekels.
Thomas Mann.

K. R. Eissler,
Secretary.

APPENDIX II

LIST OF SCIENTIFIC CONTRIBUTIONS WITH AUTHORS' ABSTRACTS

Balint, Dr. Michael (London). 'Origins of Love and Hate.'

The paper discusses the genital and pre-genital forms of love and hatred and the significance of this distinction for our theoretical views about the relative import of love and hatred. The consequences for everyday psycho-analytical practice are considered.

Baumeyer, Dr. Franz (Berlin). 'New Insights into the Life and Psychosis of Schreber.'

The author had access to Schreber's psychiatric case history and can therefore add some important facts to Schreber's autobiography which formed the basis for Freud's classical study. Schreber's first psychotic episode reached its climax when he was fifty-three, the age at which his father had died. A second episode developed at the age of sixty-five, four years before his death in 1911. Some illuminating details on Schreber's relationship to his wife can be found in this case history.

Blau, Dr. Abram (New York). 'In Support of Freud's Syndrome of "Actual" Anxiety Neurosis.'

In this paper, it is desired to show that anxiety neurosis (actual neurosis) deserves a prime place in psychiatric nosology alongside the psychoneurosis and psychosis because of its distinctive character, its frequency, and the special principles required for its treatment. Freud described the syndrome clearly in 1894, but many experienced psychiatrists and psycho-analysts still fail to appreciate its significance. Some do not seem to understand fully the difference between a pure functional anxiety reaction which is the nature of the actual neurosis and a psychologically complicated reaction to anxiety which is the essence of psychoneurosis and psychosis. Others are misled by an untoward focus on Freud's early ideas about the sexual origin of the condition, disregarding the fact that a clinical syndrome is a matter of observation and not of debate about its etiology.

Clinical material is offered to show that so-called military operational and combat fatigue states, childhood behaviour disorders, psychosomatic disorders and experimental neuroses are essentially special varieties of anxiety neurosis.

Although Freud's early theory of its etiology cannot be dismissed, subsequent developments in psycho-analytic knowledge have explained anxiety as a reaction to a threat to the organism. The common denominator in the various types of anxiety neurosis is a difficult environmental situation which threatens the individual, either because the danger is really great or the personality is inadequate.

Freud pointed out that the anxiety symptoms are not amenable to psycho-analysis. Treatment of the anxiety neurosis is focussed primarily on a reduction of the mental conflict. This requires either relief of the threatening factor or strengthening the ego. When the threat is an environmental factor which can be ameliorated, this course is more expedient than the other, which involves a long-term problem. At the root of most anxiety neuroses lies a neurotic character, which should be treated by psycho-analysis for fundamental results. Most of the improvements reported in short-term psychotherapy are probably merely relief of anxiety states. Much of the help administered by social workers and others who deal with people in real life difficulties is concerned with anxiety neurosis. In psycho-analytic practice, the control of the concurrent anxiety neurosis at the core of the psychoneurosis is a continuous technical problem.

Bolterauer, Dr. Lambert (Vienna). 'Contributions to the Psychology of Fanaticism.'

The analysis of the fanatic personality of Michael Kohlhaas, based on Heinrich von Kleist's novel of the same name, provides the following generally valid conclusions: (1) the explanation of the fanatic state of mind must first of all provide understanding of the two principal distinguishing features: the exaggerated, passionate adoption of a goal (*idée fixe*) as well as the astonishing mixture of subjectively genuine idealistic convictions and morally offensive choice of methods (Anomaly of the Superego). The static concept of the psychopathic personality (most recently advanced e.g. by the constitutional-type theory of E. Kretschmer) cannot explain adequately either the problem of the choice of the specific ideological content or the anomaly of the superego. This can be achieved only by the dynamic genetic approach which includes in its explanation, next to certain constitutional conditions, also the typical ontogenetically acquired disposition for neurotic character traits, as well as a certain environmental constellation as the precipitating factor. (2) The environmental constellation which brings the 'latent' fanaticism into the open is distinguished by the fact that it seduces the individual to act in accordance with his own strong, reactively rejected impulses. The reaction formation is revealed in his superego idiosyncrasy. The fanatic meets the threat of a break-through of instincts in situations which increase these impulses by projecting his inner conflict on to the external world where he continues to fight them. This unconscious dynamic reinforcement causes the aims of the fanatic to assume the excessively passionate character. (3) The morally offensive methods of the 'visionary of moral obligation' are made possible by the mechanism of a 'camouflaging idealization', 'grotesque pseudo-sublimation' in which offensive instincts are perceived as the means to the fulfilment of the ideal. The analysis of Kohlhaas reveals, as the prerequisite for the success of this self-deception, the conviction of his personal freedom from guilt in this state of evil which provoked his unconscious reactions. Further important elements are the narcissistic hypersensitivity, the inclination to wishful thinking, which in turn distorts the reality judgement and thus facilitates the projection of affects, a superego-idiosyncrasy, as well as the predisposition towards an extreme selfless and tireless crusade in the service of the 'Ideal' which results in the euphoric entrancement of his self-esteem.

Bonaparte, Princess Marie (Paris). 'Biopsychic Reflections on Sado-Masochism.'

A comparative study of Freud's and Sade's concepts of sado-masochism. The author begins by citing some extracts from *Three Essays on the Theory of Sexuality*, from *Instincts and their Vicissitudes*, and from *The Economic Problem of Masochism*, in comparison with the text of Sade in *Juliette*, where he postulates the necessity of conceiving masochism as the antecedent of sadism. The author then tries to establish sado-masochism on a biological basis. Sado-masochism, to develop, would require two conditions which are fully realized only in man, the thinking vertebrate. First of all, internal fecundation permits a confusion in the human imagination between erotic penetration and wounding penetration. Secondly, this imagination itself affords the sadist, through identification with his victim, the primitive masochistic pleasures, but on a broader scale since it is without danger to himself and remains a fantasy. The author then reviews the various vicissitudes of sado-masochism in our civilization and then indicates the sado-masochistic satisfaction which the collective unleashing of his aggression can secure for man. The spectators, if not the victims, of war can experience the sadistic fantasy of penetration into human flesh by steel or other formidable weapons—which is, after all, the goal of all war combat.

Brun, Dr. R. (Zürich). 'The Biological Aspects of Psycho-Analysis.'

In recent years, certain developments in Freudian Psycho-Analysis which deviate from the original theories of Freud on critical points have gained ground. In my opinion, these developments, e.g. the neo-analysis of Schultz-Hencke, the school of analysis originating from the Existentialist philosophy '*Daseinsanalyse*' (Binswanger, Boss and others), and finally, the clinical use of psycho-analysis, by which religious needs, 'mystical' experiences, and similar phenomena of the patient are placed in the foreground, and are then considered as a '*noli me tangere*', have no claim to the term 'psycho-analysis'. In other words, the experiences are not traced back to their instinctual origin. One is unfortunately again reminded of the developments with which Freud himself had to battle, including Adler's *Individual Psychology* movement, the *Analytical Psychotherapy* of Stekel, C. G. Jung's *Psychology of Complexes*, and others.

In view of this confusing situation, it is time to recall once more the biological foundation on which Freud built his comprehensive system. For almost twenty years, Freud was active as a research neurologist, before he turned to the investigation of neurosis. Nowadays this fact is usually overlooked. It was therefore a foregone conclusion for him in his investigations of the neurosis to proceed from a neurobiological foundation. It is not without reason that the Instinct Theory remains in the foreground of Freudian concepts. By investigating the processes of human instinctual life, Freud became the founder of a human biological psychology. The speaker has endeavoured for more than twenty-five years to compare the laws of instinctual life discovered by Freud with analogous processes on more primitive levels. The result, though at first glance surprising, could be anticipated in view

of Freud's fundamental biological attitude. Freud's general principles of instinct psychology are in complete agreement with the results of experimental animal psychology in its dynamic and economic aspect and in localization, and, moreover, with those of neurophysiology. It can therefore be claimed that they are part of a general instinct psychology, based on universal biological validity. This agreement in results, which is of greater significance than a mere parallel, is demonstrated by a series of examples and compared with the newer interpretations of human psychology already mentioned. From such a comparison, the author is of the opinion that the superiority of Freudian concepts has been proved.

De Monchy, Dr. René (Stockholm). 'Oral Components of the Castration-Complex.'

In *Analysis Terminable and Interminable* Freud wrote: 'We often feel that when we have reached the wish for a penis and the masculine protest, we have penetrated all psychological strata and reached "bedrock" and that our task is accomplished.' One is somewhat astonished by the therapeutic pessimism here expressed.

It is probable, indeed, that congenital schemes of reaction (von Uexküll, Lorenz) play a part in the genesis of the foregoing phenomena. On the other hand, it is generally accepted that the castration complex in its final shape has been influenced by the vicissitudes of previous development; oral frustration—even the normal weaning—has acted as such.

A one-year-old boy observed the resemblance between the nipple of his mother's breast and his own little penis. This can explain the fear for the loss of the penis already at a very early age. When the same boy was two and a half years old he pulled at his penis and said: 'well fixed'. The strong emotional reaction on the observation of the anatomical sex-difference during the phallic phase must be seen on this background.

The first and often the most dangerous castrator is the mother. In normal development the father takes over this rôle some years later.

Some examples show that the therapist does not need to regard castration anxiety and penis envy as exclusively 'bedrock' phenomena and inaccessible to further analysis.

Several characteristic trends of the castration-complex become plausible if interpreted as derivatives of the child's relation to the mother's breast, especially the nipple.

Dunbar, Dr. Flanders (New York). 'Technical Problems in Analysis of Psychosomatic Disorders.'

The purpose of the paper is:

(1) To call attention to the need of improving precision in short-term psychotherapy, not to suggest that such therapy is suitable for all patients.

(2) To suggest a means of selecting from among a large group of persons in need of treatment, for whom psycho-analysis is impossible or undesirable, those likely to respond best to briefer methods.

(3) To point out that, in determining the treatment of choice, the psychic and somatic components in the illness syndrome must be evaluated not only quantitatively but also qualitatively. The nature of the character neurosis has a bearing on physiological dysfunction; for example, a compulsive character suffering from asthma needs a therapeutic regimen which is very different from that needed by a compulsive character suffering from hypertension.

(4) To illustrate the peculiar hazards inevitably encountered in short-term treatment and the reasons why some analysts hesitate to accept the responsibilities involved. Suggestions are made as to some adjustments in technique which may help in coping with the difficulties inherent in the method. These adjustments are particularly needed in the timing of appointments, the giving of interpretations, and the management of transference.

(5) To point out the service that skilled psycho-analysts may render if they are willing to direct their attention to this somewhat neglected field of research and therapy.

In conclusion it is urged that psychiatrists who undertake short-term treatment should do so only on a basis of thorough training in psycho-analysis and considerable experience in its practice. Whatever his brilliance as a technician, the psycho-analyst, if he is to heal, remains first of all a physician.

Eissler, Dr. Kurt R. (New York). 'An Unknown Autobiographical Letter by Freud and a Short Comment.'

In 1907, the answers of a number of famous Europeans to a questionnaire regarding ten good books were published. Freud was one of the respondents. His letter informs us about some books of world literature which he appreciated most, such as Homer, the Tragedies of Sophocles, Goethe's *Faust*, and *Hamlet* and *Macbeth* by Shakespeare. Among the ten most important books of scientific literature were, he considered: Copernicus' writings, Johannes Meier's books about the belief in witches, and Darwin's *The Descent of Man.* Among his favourite books were Milton's *Paradise Lost* and Heine's *Lazarus.* Freud then gives a definition of what he considers a good book. Those he considered to be good books were: Multatuli, *Briefe und Werk;* Kipling, *Jungle Book;* Anatole France, *Sur la pierre blanche;* Zola, *Fécondité;* Merezhkovsky, *Leonardo da Vinci;* G. Keller, *Leute von Seldwyla;* C. F. Meyer, *Huttens letzte Tage;* Macaulay, *Essays;* Gomperz, *Griechische Denker;* Mark Twain, *Sketches.* Freud admits that the publisher's questionnaire has touched something in him about which he could say 'infinitely much'. Unfortunately he did not continue, but closes abruptly.

The republication of this small biographical essay gave occasion to enumerate the reasons why Freud's biography must be considered the most important psychological record of our times. It is of paramount importance to collect all documents which will enable future generations to find an explanation for the completely baffling fact that Freud could analyse himself.

Freud, Miss Anna (London). 'A Connection between the States of Negativism and of Emotional Surrender (Hörigkeit).'

The paper is a clinical contribution to the problem of capacity or incapacity for object-relationship. In her contribution the author remarks that this is a subject at present in the centre of analytic interest, and is touched on in the majority of Congress papers. In their contributions most authors seem to agree that the capacity for object-love is decided by the positive quality of the infant's relationship to his mother. The only dissentient voices are those of Heinz Hartmann, who shows that not all love-ties to the mother are beneficial for the child's later development, and Margaret Mahler, who traces the origin of certain psychotic disorders to the state of symbiosis with the mother to which an infant may remain fixated.

Negativism and its Current Explanations

The author further describes certain disturbances in the capacity for object-love which manifest themselves after the infant stage:

(*a*) The negativitistic behaviour of young children who pass through phases where simple positive responses such as greeting, thanking, co-operating in the daily routines of being washed, dressed, etc., become an insuperable difficulty;
(*b*) a similar state of negativistic reaction in adolescence when all objects, and even the simplest demands made by them, are met with a negative response;
(*c*) 'negativism' to objects as a typical symptom in schizophrenic states;
(*d*) states of blocking of affect in neurotic patients when important and unimportant figures in the object-world are treated with the same apparent indifference; this includes the well-known symptom of inability to mourn for the loss of formerly loved persons;
(*e*) 'emotional impotence' in male patients who have regained only their physical potency in analysis.

After illustrating these abnormal manifestations with clinical examples, and with examples from the transference situation, the author discusses the interpretations so far available for their explanation. These include the experience of being disappointed by the love-object (rejection by the mother); being over-stimulated by the love-object (seduction); and in the phallic phase the withdrawal of object-love with consequent cathexis of the individual's own penis (phallic narcissism as a reaction against castration-fears). The author expresses the view that these interpretations are not satisfying. Withdrawal of object-libido and its narcissistic placement are normal occurrences so long as the process is temporary and reversible. In the cases enumerated above the process is not reversed; the libido remains fixed to the self (or the body) and no new object-ties are made. What is left unexplained is precisely this inability to change narcissistically used libido once more into object-libido. The secondary incapacity to love created thereby awaits further elucidation.

An Attempt at Explanation Based on Fear of Sexual Passivity

The analyses of former homosexual and impotent persons suggest that this inability to cathect the sexual partner with object-love is due to the fear of complete sexual passivity towards the partner. The relation to a love-object is seen by them in passive terms only. To love means to be maltreated, kicked about, impoverished, tormented, possessed. To love signifies therefore not a gain, but a loss, against which the individual defends himself. These attitudes have their climax in the phantasy of entry into the womb (Ferenczi), in which the passive phantasy reaches its height at the moment of actual masculine potency. Paradoxically then, for these patients, the symptom of impotence in intercourse serves the preservation of their masculinity.

A Further Attempt at Explanation Based on Fears of Regressive Processes

Further analysis then reveals that this fear of passivity is capable of a deeper, non-sexual explanation. The author shows by means of clinical examples that the passive surrender to the love-object may signify a return from object-love proper to its forerunner in the emotional development of the infant, i.e. primary identification with the love-object. This is a regressive step which implies a threat to the intactness of the ego, i.e. a loss of personal characteristics which are merged with the characteristics of the love-object. The individual fears this regression in terms of dissolution of the personality, loss of sanity, and defends himself against it by a complete rejection of all objects (negativism). This assumption is confirmed by clinical examples of patients who show an alternation between states of negativism and states of complete emotional surrender to an object (*Hörigkeit*).

Gillespie, Dr. W. H. (London). 'Notes on the Analysis of Sexual Perversions.'

Perversions have a defensive function; Freud's remarks about splitting of the ego in fetishism are cited and compared with Klein's work on splitting and its relation to the oral phase. This is contrasted with Fenichel's emphasis on castration anxiety.

Cannot the two classes of clinical facts be reconciled?

Clinical material from four patients with sexual perversions illustrates the splitting of the ego and of the object, as well as castration anxiety. The two apparently so divergent mechanisms may be found together in the phantasy of the vulva as a split (that is, sadistically damaged) object.

Perversion is akin to neurosis in its relation to castration, to psychosis in its oral-sadistic regression. Psychosis is avoided by localization of the regression to the sexual sphere by means of a splitting of the ego of such a kind that only one split-off part regresses to a psychotic level. The other part maintains a relatively normal relation to reality in non-sexual spheres.

Glover, Dr. Edward (London). 'Research Methods in Psycho-Analysis.' (For abstract see p. 272.)

Greenacre, Dr. Phyllis (New York). 'Some Factors Producing Different Types of Genital and Pregenital Organization.'

This paper is a summary of the writer's point of view regarding the influence of unusual stresses in the first years of life, which produce disarrangements of the developmental patterns other than those generally included in the concepts of fixation and regression. Special significance is attributed to the effect of premature stimulation with precocious involvement of immature phase responses, and of massive severe stimulation, which may result in simultaneous arousal of all zonal responses with a resultant conglomeration of instinctual drives. Such unusual patterning of the pregenital drives leaves special imprints on the genital development and the œdipal period, and may persist as specific regressive defence phenomena throughout life.

Grinstein, Dr. Alexander (Detroit). 'Stages in the Development of Control over Fire.'

An analysis of the concept of control over fire implies that man must be able to conserve it while it is burning so that it does not go out, confine it to a particular locale so that it does not spread and destroy either the surrounding property or himself, extinguish it when he is through with its use, and start it once more at will. Only when all of these conditions have been fulfilled, can it be truly said that man has control over fire.

In his paper on 'The Acquisition of Power over Fire', Freud elaborated the thesis which he had expressed earlier, that, 'in order to possess himself of fire, it was necessary for man to renounce his homosexually-tinged desire to extinguish it by a stream of urine'. Using Freud's paper as a point of departure for further investigation into the problems involved in the acquisition of the control over fire, a number of questions arise. (1) What force or forces were responsible for the renunciation of the urge to urinate on the fire? (2) Are there any pre-genital or pre-urethral controls which are associated with the development of the control over fire, suggested by our general knowledge of the stages of libidinal development? (3) What psychical factors were responsible for man's learning the secret of *starting* a fire?

A solution to these problems is suggested on the basis of mythological evidence found chiefly in Frazer (*Myths of the Origin of Fire*).

The primitive myths indicate that the history of man's acquisition of control over fire involved three stages: a fireless stage, a stage of fire used, and last, a stage of fire kindled. From a psycho-analytic standpoint, the content of these myths reveals that in some of them fire is taken by force from a mother figure, in others from a father figure, and in still others from both parent figures.

A few of these myths are mentioned and discussed in some detail. Of particular significance is the fact that those myths where fire is taken from a mother figure involve pre-genital elements. The suggestion is made that in the history of civilization, instinctual controls were originally imposed by the mother, just as they are in the development of the individual. This resulted in the renunciation of gratifications at all layers of libidinal development. The conservation of fire was made possible by the renunciation of pre-genital impulses, as well as those of a urinary-phallic nature. In the paper the various pre-genital impulses which are present in man's behaviour towards fire are discussed.

It is further suggested that it was on the basis of derivatives of the phallic stage of libidinal development that man learned the secret of making fire. In this he followed the pattern of behaviour suggested to him by coitus.

Hartmann, Dr. Heinz (New York). 'Symposium: Mutual Influences in the Development of Ego and Id.'

The first part of the contribution deals with the earliest stages of ego-id interrelations. The concept of primary ego autonomy is developed on the basis of one of Freud's later hypotheses. It is examined as to its maturational aspect, its rôle in conflict and object relation, and from the viewpoint of metapsychology. In the second part of the paper the concept of secondary autonomy of the ego is defined with respect to the degree of practical irreversibility of ego functions, to their distance from conflict, from the instinctual drives, and from the primary process.

Heimann, Dr. Paula (London). 'Symposium: Re-Evaluation of the Rôle of the Œdipus Complex.' (No abstract received.)

Hitschmann, Dr. Edward (Boston). 'Freud's Conception of Love.'

Freud's contributions to the psychology of love

(romantic love) in men are reviewed together with the reactions of psycho-analysts, anthropologists and sociologists. Further support of Freud's theories of love is presented by clinical and literary experiences. Stendhal, with his book *De l'amour*, represents a predecessor, the pre-œdipal conception of the relation to the mother is pointed out, the elation in falling in love and in religious conversion is compared.

These considerations throw light on the outlook of the future of love.

Hoffer, Dr. Willi (London). 'Symposium: Mutual Influences in the Development of Ego and Id.'

An attempt is made to trace the mutual influences in the development of the ego and the id back to the earliest stages of infantile life. The processes leading to the ego-id differentiation originate in the infant's body and no environment exists until the self as a 'me' experience has come into existence. The body attains a special position among other objects in the world of perception. Instinct and ego maturation is also reflected in body-ego maturation. In early life situations arise which amount to a loss of the feeling of self. Even in the act of awakening the self has to be recreated. In the infant's frequently stated inertia there is an active element in operation which may be likened to Freud's concept of 'negative' hallucination. The situation of inner stress may amount to traumas and these may lead to the first anticipation of the affect of anxiety. The environment plays an active part in the mastery of traumas. An active drive towards the objects in the outer world emerges which works in the service of the oral partial instinct, with it the first object relationship ensues. A partial differentiation of the id and what there is of an ego has taken place.

Katan, Dr. Maurits (Cleveland). 'Further Observations on the Hallucinations of Schreber.'

In my paper for the 1950 Zürich Congress, I discussed the development of the hallucination. The ego in the non-psychotic part of the personality anticipates the outbreak of a genital orgasm, which, to the patient, is synonymous with castration. This danger is prevented by the withdrawal of cathexes from those parts of the personality that constitute the danger situation. The withdrawn energy is then used by the attempt at restitution in forming the hallucination and in this way is released. The hallucination, therefore, is a discharge phenomenon.

One may ask why the hallucination often causes anxiety. In a discharge phenomenon we do not expect anxiety to occur. A type of hallucination in which there is an accompanying anxiety reaction will be considered, and it will be shown that not all the energy used in creating the danger situation is discharged through the hallucination. However, the discharge is sufficient to allow the ego in the non-psychotic part of the personality, through the formation of anxiety, to cope with the diminished danger. In this type of hallucination there is close co-operation between the non-psychotic and the psychotic parts of the personality, because either part alone would be unable to master the danger.

In another type of hallucination we discover, from the content, that certain non-psychotic defence mechanisms, such as depersonalization, do not become established, because they would prove too weak from the very beginning.

Klein, Mrs. Melanie (London). 'The Origins of Transference.'

Roots of transference in object relations and emotional experiences from the beginning of post-natal life. Study of early stages of development from this angle. Persecutory nature of earliest anxiety, and the corresponding defences. Projection and introjection underlying object relations. The introjected good and bad object (the mother's breast) as the core of the super-ego. Growing integration and depressive anxiety. Libidinal desires transferred from one object and aim to another. Fluctuations between love and hatred, between internal and external figures, between phantasy and reality. Pressure of earliest anxieties contributing to repetition compulsion. Early object relations and the problem of auto-erotism and narcissism. Positive and negative transference in the light of early interplay between love and hate. The analyst in various rôles, based on a wide range of internal and external figures, idealized and persecutory. Interpretation of these aspects in the light of early object relations, resulting in the changed relation to the analyst in the transference. Features distinguishing transference from earliest relations. Diminished repetition compulsion as a result of consistent interpretation of the transference.

Lampl-de Groot, Dr. Jeanne (Amsterdam). 'Symposium: Re-evaluation of the Rôle of the Œdipus Complex.' (No abstract received.)

Lantos, Dr. Barbara (London). 'Metapsychological Considerations on the Concept of Work.'

Psycho-analytical practice deals largely with disturbances of working capacity. It seems indicated to investigate the concept of work itself.

Discussion of Hendricks' 'mastery instinct' as an addition to the basic instincts of 'Eros and Aggression'. In contrast the attempt is made to prove the instinctual forces of work to be basic Erotic and Aggressive drives in a structural modification characteristic of the human mental apparatus. Following A. Freud, E. Bibring, Hartmann, Kris, and Loewenstein in their conception of Instincts, Structure Formation, etc., the author arrives by way of comparing and contrasting play, learning and work at the following conclusion:

Work is the highly integrated ego-activity, aiming at procuring all means from the environment to

gratify innate and culturally developed needs. Work derives energies from libidinal and aggressive sources which operate in a neutralized form in the mature ego. These instinctual energies, acting on the outside world, need supplementation by aggressive drives turned inwards as super-ego forces acting on the ego. This super-ego participation is the ultimate guarantee of maintenance of work and is an essentially human mechanism for this essentially human activity.

Lebovici, Dr. Serge (Paris). 'The Counter-Transference in the Psycho-Analysis of Children.'

The controversy which divides child analysts in their orientation and the therapeutic methods they use in their psycho-analytic and psychotherapeutic work can be clarified through the study of the counter-transference.

Reviewing the question of transference and its importance in the analysis of children, the author stresses the following points:

(1) Many child analysts deem psycho-analytic neutrality impossible, because they consider the children they treat as their own children.

(2) Contact between the analyst and the child's parents is dominated by the counter-transference and the narcissistic identification of the analyst with his patient. Some analysts wish to dominate the situation and defend the child against his parents. Others, wishing to make perfect children of their patients, emphasize in an unjustifiable way the need for psycho-analysis. Their treatments aim at curing the symptoms which worry the families and they do not take into account the various home factors which produce the child's reactions. Behind this attitude is the analyst's mythical belief in his omnipotence.

The analysis of children calls for a perfect understanding of the counter-transference reactions. On the other hand, in psychotherapy certain aspects of counter-transference can be followed by understanding the situation of the child and his family environment.

In this respect numerous child psychotherapists speak of a 'positive atmosphere' in the course of their treatment. But this is a matter of a reality situation which we clearly distinguish from the transference. The author considers that it even prevents, by its existence, the elucidation of the transference. It results from the counter-transference and permits of especially psychotherapeutic methods of reassurance.

Loewald, Dr. Hans W. (Baltimore). 'The Problem of Defence and the Neurotic Interpretation of Reality.'

Aggressive-submissive manipulation of the environment and repressive-reactive manipulation of inner needs is the domain of neurotic development. The need for defence arises when the individual feels himself threatened. Discrepancy between the individual's needs and the availability of means of satisfaction, discrepancy between the individual's maturation level and environmental supportive channelling of maturation processes, create and constitute the basic threats. To the extent to which the growing individual develops under the sway of such discrepancy, neurotogenic conflict situations arise. Neurosis has its origin in the need for and possibility of defence against such conflict.

Under the influence of conditions of a historical-cultural nature, and of certain biological postulates, psycho-analytic theory has extended the area of conflict and defence to such a degree that not only is the understanding of the ego and of reality based on the concept of defence, but the phenomena of life and the instincts themselves are interpreted as expressions of defence.

The question whether the essential characteristics of living beings, broadly indicated here by the terms integration and differentiation, should ultimately be understood as processes of a defensive nature (abolition of stimuli, attempt at return to an original state of undisturbed rest), is not under discussion here. But it is claimed that this all-inclusive use of the concept of defence has confused the observation and understanding of normal, neurotic, and psychotic phenomena.

Since Freud tends to understand the very organization of the psychic apparatus in terms of defence (the reality-principle as a defensive modification and transformation of the pleasure-principle, and ultimately of the Nirvana-principle), the understanding of concrete actual defence as based on integrative processes and operations becomes obscured. If the organization of the psychic apparatus and early ego-development are seen as integrative processes (in which defensive phenomena, under reasonably favourable conditions, play a subordinate rôle), it becomes possible to distinguish between the defensive use of processes such as cathexis, hyper- and anti-cathexis, of operations such as identification, projection, introjection, and their original integrative function without which no psychic apparatus and ego could ever develop to undertake neurotic or non-neurotic defence operations, unconscious or conscious, against inner or outer threats in actual life situations.

As can be seen in contrast to psychotic development, a certain structuralization and strength of ego is necessary to make neurotic defences and defence-systems possible. In psychosis these defences are not available, or break down because of the weakness and deficiencies of the ego-structure. To understand regression as one of the defence-mechanisms and the early ego-states themselves as defensive operations instead of as still available levels of integration utterly confuses the issue of defence. It is another thing that the ego can defensively cling to such levels of integration, can defend itself against the demand to give them up.

Since by the time the Œdipus situation has fully developed, the ego has gained considerable strength;

since in fact the œdipal development can occur in full realization only under circumstances that permit sufficient solidification of the ego; the neurotic defence-structure as such can largely be understood in terms of œdipal and post-œdipal development. For the understanding of psychotic and related phenomena we have to have recourse to pre-œdipal phases in which it is not so much a question of defence as of inadequate integration, of deficient ego-structure.

To express it in different terms: neurotic-defensive processes are located in the area of more or less fully developed object-relations (in this sense Freud speaks of 'the transference-neuroses'). Development of ego and development of object-relations are mutually correlative. Psychotic and related processes are located in pre-œdipal levels of maturation where the relatedness to the environment is of a more primitive cast than object-relations, where the problem is still predominantly integration of ego and of objects as a basis for future defence.

The psycho-analytic concept of Reality (as in such terms as reality-principle, reality-testing, 'original reality-ego') is distorted through the preoccupation with defensive ego-operations and the lack of investigation of early integrative processes in their significance for the psychological constitution of reality. The reality of psycho-analytic theory is distorted in the direction of anticipatory defensive projection of discrepancy between need and satisfaction, between maturation level and supportive channelling—the typically neurotogenic conflict situation. This overshadows the more fundamental earlier reality-constituting stages of relatively defence-free integration which continue to play an important rôle in normal development, and which are also the basis for an adequate understanding of the reality of the psychotic. The opportunity for adequate integrative processes allows the development and structuralization of reality where phantasy does not have to be defensively split off but actively participates in its integration. Cultural and theoretical reasons for this distortion are briefly discussed.

Lowtzky, Dr. Fanny (Jerusalem). 'Mahatma Gandhi: A Contribution to the Psycho-Analytic Understanding of the Causes of Wars and the Means of Preventing Wars.'

How was it possible that Gandhi could become the accepted leader of one-fourth of the population of the earth without any compulsory means? How was he able to achieve the independence of India and the equality of castes without bloodshed?

The psychological differences between the teaching of Communism and of Gandhi's teaching are viewed on the basis of Lenin's and Gandhi's ideas of Leo Tolstoy. Gandhi's 'passive resistance' which led the people of India to political independence is explained as a vicissitude of conflicts experienced in his childhood.

Maenchen, Dr. Anna (Berkeley, California). 'Very Early Ego Disturbances.'

The problem of infantile schizophrenia. Arrest and reactivation of early ego development illustrated by a case.

Mahler, Dr. Margaret S. (New York). 'On Child Psychosis and Schizophrenia: Autistic and Symbiotic Infantile Psychosis.'

While the newborn animal can rely for survival on its instinct, the undifferentiated ego of the human infant needs the rapport with the nursing mother, a kind of social symbiosis, as support. There are infants with an inherently defective tension-regulating apparatus, which probably cannot be adequately complemented by the most efficient mothering.

The author believes through her clinical experience that such basic damage to the ego, which results in infantile psychosis, occurs only in children, who have a hereditary or constitutional *Anlage* for it.

She describes two distinctly different groups of infantile psychosis:

(1) *Autistic Infantile Psychosis* (Kanner). Children who apparently never perceived the mother emotionally.

(2) *Symbiotic Child Psychosis* (Mahler). In these children the early mother-infant symbiosis is marked, but does not progress to the stage of object-libidinal cathexis of the mother. As soon as ego-differentiation and psychosexual development threaten the child with separation, severe panic reactions occur, followed by psychotic attempts at restitution of the symbiosis. Restitution is attempted by somatic delusions and hallucination of reunion with the narcissistically loved and hated omnipotent mother-image.

Bisexual conflict can be, and often is, prominent in the symptomatology, in the production and even in the psychotic breakdown of the ego during childhood.

The paper is documented with case reports.

Marui, Dr. Kiyoyasu (Japan). 'Psycho-Analytic Investigation Concerning Hysteroepilepsy.'

On the basis of analyses of three cases of so-called hysteroepilepsy the author explains details about the psychic mechanism, structure and development of the ego, and also discusses the relation to genuine epilepsy.

Morgenthaler, Dr. Fritz (Zürich). 'The Doubly Effectuated Reaction-formation.'

Psycho-analysis of a thirty-four-year-old woman who was married to a manifest sadist showed how a reaction formation established in the ego (causing masochistic behaviour) must be repressed again under special circumstances. Thereby the ego was forced to produce a new counter-cathexis which reinforced the originally repressed (sadistic) instinctual impulse. The id was able to take over the

content of the first counter-cathexis when, through repression, it escaped the ego-control, and to pursue its goal in two different directions.

The patient, after futile and hasty efforts to repress, finally gave up the fight, whereupon the affect of her conflict found its expression in a somatic symptom. As the doubly effectuated reaction-formation (which shows many similarities with the perversions) progresses, the defence mechanisms of the ego will break down. The neurosis is no longer a process but a condition in which unrestrained gratification is sought for the infantile instinctual demands in a narrowly circumscribed pattern of behaviour (following the image of the first reaction-formation: the masochistic attitude). The resulting behaviour seems then to be adjusted to reality.

Nunberg, Dr. Herman (New York). 'Discussion of Dr. Katan's paper.' (No abstract received.)

Parin, Dr. Paul (Zürich). 'A Universal Compensation-Device of the Neurotic.'

Several socially valuable forms of behaviour in severe neurotics can help to bring about a transitory disappearance of symptoms. These habitual attitudes can be termed neither sublimations nor character traits. Three cases are discussed: a compulsive neurotic who is an excellent mountain-climber, and two others with severe character neuroses—one of them compensating his neurosis as a dancer, the other through his professional activity. It can be shown that analysis had to deal with reaction formations which, in spite of their social value, revealed themselves as resistances during analysis.

Rosenfeld, Dr. Herbert A. (London). 'Transference Phenomena and Transference Analysis in an Acute Catatonic Schizophrenic Patient.'

After reviewing the psycho-analytic literature relating to transference in schizophrenia, the author illustrates his experiences of analysing schizophrenic patients by material (five sessions) from one acute schizophrenic patient.

The aim of the paper is to show (*a*) that an acute schizophrenic patient is capable of forming a positive and a negative transference; (*b*) that it is possible to interpret these transference phenomena to a schizophrenic patient; and (*c*) that the schizophrenic's response to interpretations can at times be clearly observed.

In addition, attention is drawn to a particular form of object relationship, which has its basis in earliest infancy, and which has been observed by the author in all the schizophrenics he has treated. Namely, as soon as the schizophrenic approaches an object in love or in hate, he seems to become confused or negativistic. The confusion is due not only to identification by introjection, but to impulses and phantasies of entering inside the object with the whole or parts of the self in order to take possession and control it. Melanie Klein has suggested the name projective identification for these processes. Negativism is the typical defence against the anxiety that an object might enter the ego in retaliation to impulses to overwhelm and take complete possession.

In the author's opinion the schizophrenic has never outgrown the earliest phase of development to which this object relation belongs, and in the acute schizophrenic state he regresses to this early level.

The severity of the schizophrenic process depends on a quantitative factor, namely how much of the ego as well as of the instinctual forces is involved in the regression.

Scott, Dr. W. Clifford M. (London). 'Patients Who Sleep or Look at the Psycho-Analyst during Treatment: Technical Considerations.'

Summary: (1) History of psycho-analyst's attitudes to patients sleeping during psycho-analytic sessions. History of metapsychology of going to sleep, sleeping and waking up. Discussion of blankness while awake as a defence against unconscious wishes to sleep. Relation of blankness while awake to Lewin's description of the dream screen and the blank dream. Illustrative case material. (2) History of psycho-analyst's attitudes to patients who look at the psycho-analyst during sessions. Discussion of the transition from play technique with its frequent face-to-face interaction to free association in the supine position on the couch. Discussion of the limitations produced in the psycho-analyst's use of the patient's movement and facial expression by the type of couch. Discussion of patient's movements, including looking at the psycho-analyst from the couch. Looking as a defence against oral attitudes and memories. Illustrative case material.

(3) Technical considerations regarding emergence of wish to sleep and wish to look.

(4) Conclusions: If more attention is paid to defences against sleeping and looking as well as to their substitute and primary instinctive aspects, an increased amount of sleeping and looking may enter into the analytic situation. Such a development may furnish new material to be used in interpretations and may speed rather than retard the progress of the psycho-analysis.

Sperling, Dr. Samuel J. (Los Angeles). 'States of Unawareness.'

States of 'unawareness' were considered as complex, differentiated, relative states arising from the ego's function of rendering certain specific disturbing experiences unconscious. In an illustrative clinical case, the main complaint and resistance was the lack of affective meaning to her social and sexual relationships and experiences, which resembled the typical isolation defence of an intellectualizing compulsive. The state was highlighted by an hysterical anæsthesia episode in childhood, precipi-

tated by a masturbatory conflict. The physician's pinpricks which enabled her to recover bodily sensations became the model for her feelings and perceptions, which were secondary permissible ones. When the repressed primary spontaneous feelings broke through, they precipitated an acute depersonalization and derealization reaction, to be followed again by her chronic state of 'unawareness'. In this perceptive state a return of the repressed masturbatory satisfaction occurred, similar to that in hysterical 'absences', although in a more chronic and diffuse form.

Some observations were made upon the phenomena of states of 'unawareness' in general in relation to the metapsychology of the observing ego.

Spitz, Dr. René A. (New York). 'Authority and Masturbation.'

The shifting authoritative attitudes toward masturbation in the course of the last 300 years were investigated by surveying the literature on masturbation in the fields of medicine, psychiatry, psychoanalysis, pediatrics, psychology and theology.

Prior to 1700, relatively little attention was paid to masturbation. Even the Catholic Church appears to have considered masturbation comparatively unimportant. Of course, witchcraft, intercourse with the devil, etc., represent masturbatory phantasies; but their persecution by the Church and the Inquisition was not on that account.

A turning-point in the attitudes toward masturbation came with the introduction of Protestantism. After Protestantism had become firmly established through the Peace of Westphalia, the first book specifically directed against masturbation was published in 1700 (anonymously). Throughout the eighteenth century, masturbation was considered a source of dangerous disease against which mild remedies were recommended.

After the rise of industrialism in the nineteenth century, when public health became the concern of the State, a repressive, sadistic attitude on the part of the scientific authorities came to the fore. Masturbation was treated more and more as a sin. Under the guise of cure, castrative measures like clitoridectomy and circumcision were recommended and performed by outstanding medical authorities on numerous men and women.

In 1905, Freud published his *Three Essays on the Theory of Sexuality*, the first publication to convey a true genetic and dynamic understanding of the phenomenon and the first to be really free of moralizing attitudes. It was followed by the *Onanie Diskussion* of 1912.

World War I retarded the impact of these publications on the world. Beginning with 1925, however, the influence of the findings of Freud and his school become noticeable in the publications of scientific authorities. With the help of a study of successive editions of one and the same handbook of pediatrics, it could be demonstrated how the publications of psycho-analysis on the subject progressively forced medical authorities to reverse their attitudes toward masturbation completely. In the last ten years, this attitude has become to a very large extent a permissive one which aims at understanding the causes of masturbation.

It is suggested that further psycho-analytic work be devoted to investigate more extensively the significance of masturbation in the psychic economy.

Sterba, Drs. Richard and Editha (Detroit). 'Beethoven and His Nephew.'

After his brother Karl's death Ludwig van Beethoven, then forty-five years old and unmarried, took exclusive possession of the brother's only son, although the brother had in an addition to his last will, one day before his death, expressly stated that he wanted the child to remain with Johanna van Beethoven, his brother Karl's wife. In Ludwig van Beethoven the exclusive possession of the nephew, who was then nine years old, brought about great elation and exuberance, for it fulfilled a deep maternal wish in him and provided a very welcome defence against dangerous women. Johanna, the nephew's mother, became the arch-enemy of the composer, against whose destructive influence he had to defend 'his child'. The relationship to the nephew was at first maternally loving, but changed increasingly into mistrust and suspiciousness, and finally developed into pathological jealousy. The nephew was so tortured by his uncle that he made a serious attempt at suicide at the age of twenty-one. This affected the composer so severely that his health broke. A few months later he died.

Sterren, Dr. H. A. van der (Amsterdam). 'Symposium: Re-evaluation of the Rôle of the Œdipus Complex. The "King Œdipus" of Sophocles.' (No abstract received.)

Thorner, Dr. H. A. (London). 'The Criteria of Progress in a Patient during Analysis.'

An attempt is being made to formulate criteria by which the progress of the analytical process can be estimated without relying on the symptomatic change of the patient. These criteria are based on the analytical observation of the patient, and they are found in the patient's attitude to the 'good object'. This is illustrated by the progress of one analysis. The 'good object' is at one time only an idealized 'bad object', and it causes anxiety in the patient. The fate of the 'good object' could be followed during the course of the analysis, until it became acceptable to the patient. The patient then felt enriched by it, instead of being overwhelmed (swallowed up) as in an earlier phase. This represented real progress, which was also reflected in the patient's behaviour outside the consulting-room. The most secure criterion is found in a simultaneous change of the analytical

material and the patient's behaviour in the outside world.

Waelder, Dr. Robert (Philadelphia). 'Authoritarianism and Totalitarianism.'

The difference between authoritarianism (of eighteenth and nineteenth century tradition) and modern (or ancient) totalitarianism is studied. The latter claims spiritual in addition to external authority. Causes and consequences of this difference and related problems of super-ego formation are discussed.

Zilboorg, Dr. Gregory (New York). 'Clinical and Technical Aspects of Free Associations in the Light of Five Decades of Psycho-Analysis.'

The problem of Free Associations has not been given sufficient attention in psycho-analytic literature. This is very paradoxical, since the whole structure of psycho-analytic treatment is based on free associations. These were drifted into, as it were, by Freud, and have been taken for granted, as it were, by psycho-analysts ever since. With the exception of F 'nz Hartmann, who discussed the problem at some length in 1927, and Anna Freud, who reviewed free associations in detail from the standpoint of the defence mechanisms of the ego, there is hardly anything on this subject worth referring to in psycho-analytic literature. The history of associations, and particularly free associations as a problem in psychology, was traced. John Locke introduced the term. It is rather a curious fact that Association psychology as we know it came from English sources rather than German or French. The 'Psychometric Experiments' which were published by Francis Galton are a true example of free associations, and all the affective attributes which became known to us psycho-analysts were unequivocally stated by Galton in 1879. There is sufficient reason to believe that Freud was acquainted with Galton's communication. Some metapsychological considerations of the problem were outlined in the paper. The full text deals with these in detail.

Glover, Dr. Edward (London). 'Research Methods in Psycho-Analysis.'

Owing partly to the conditions of the analytic situation and partly to the use of interpretative techniques, the application of scientific controls in psycho-analytical work is extremely limited. Such controls as are available are however unduly neglected. Hence much that passes as attested theory is little more than speculation. By dint of repetition the *ipse dixit* is accepted unchallenged, a state of affairs which is accelerated by the unresolved transferences of training-analyses. Subjective preferences also tend to persist unchecked; psycho-analytical discussion is stereotyped; and fashions of thought, together with their slogans, hamper scientific appraisal.

Valid methods of statistical and other control do exist, but cannot be operated owing to lack of definition of data and to subjective variations in interpretation. Neither are there agreed definitions of basic mental concepts. The therapeutic criterion is useless as a form of control. Case-histories are usually fractional samples, subject to uncontrolled secondary elaboration, and therefore only rarely comparable.

A period of preliminary standardization of terms, requiring from ten to twenty years organized work, is a prerequisite of adequate research. Clinical concepts also require standardization and amplification, particularly in the field of ego-psychology. Diagnostic methods and standards vary too widely. Existing research activity cannot be rated higher than a 5 per cent. level of efficiency. Some more effective checks could be provided by a standard questionnaire system. Scrutiny and substantiation of interpretation is also essential. Co-operation in voluntary research is rare and in fact no adequate research organization exists.

A serious obstacle to progress in clinical analysis is the absence not only of reliable statistics of results but also of any 'follow-up' records. Psycho-analysts are unduly timid in recording their therapeutic failures; and in general exact information is extremely hard to obtain. Moreover, confusion exists regarding the respective aims of therapy and of research. Research Committees should be set up in every branch of the International Association; the training of research students should be formally organized; and the selection of psycho-analytical teachers should be based less on seniority than on scientific qualifications and objective teaching capacity.

104TH BULLETIN OF THE INTERNATIONAL PSYCHO-ANALYTICAL ASSOCIATION

EDITED BY

RUTH S. EISSLER, M.D., GENERAL SECRETARY (1951–53)

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ASSOCIATION FOR PSYCHOANALYTIC MEDICINE

630 West 168 Street, New York 32, N.Y.

Seven regular meetings were held during the year at the Academy of Medicine. The scientific sessions were as follows:

November 14, 1950. Milton R. Sapirstein, M.D.: 'Phenomena of Repetition in the Nervous System —Theoretical and Clinical Implications.'

December 5, 1950. David M. Levy, M.D.: 'Studies in Negativism.'

January 2, 1951. Raymond de Saussure, M.D.: 'Psychoanalysis and Genetic Psychology.'

February 6, 1951. Sandor Rado, M.D.: 'The Emotional Dynamics of Treatment.'

March 6, 1951. Aaron Karush, M.D.: 'A Preliminary Report on Psychodynamic and Physiologic Aspects of Ulcerative Colitis.'

April 3, 1951. Janet Kennedy, M.D., John Weber, M.D., and Henry Schneer, M.D.: 'Contrasts in Negro-White Therapeutic Relationships.'

May 1, 1951. Nathan Ackerman, M.D., and Margaret Lawrence, M.D.: 'A Moving Picture Record of a Child in Psychotherapy.'

The membership was invited to participate in five joint meetings at Columbia University which were held at the Psychoanalytic Clinic for Training and Research. There was a symposium on Depression and there were two on Schizophrenia. There was a demonstration on Hypnosis and presentation by Dr. Franz Alexander of the study of psychodynamic patterns.

Henriette R. Klein, M.D.,
Secretary.

CHICAGO PSYCHOANALYTIC SOCIETY

The following papers were presented before the Chicago Psychoanalytic Society during 1951–1952:

September 25, 1951. The Group for Research on Acculturation and Personality Structure presented its study 'Acculturation and Personality: An Interdisciplinary Study of Japanese-Americans.'

October 23, 1951. Dr. Samuel Lipton: 'The Function of the Analyst in the Therapeutic Process.' Dr. H. C. Rumke (Professor of Psychiatry at the State University of Utrecht, Holland): 'Factors Determining Optimal Development of Personality.'

Lucia E. Tower, M.D.,
Secretary.

DETROIT PSYCHOANALYTIC SOCIETY

1242 Maccabees Building, Detroit 2, Michigan

The society holds bi-weekly scientific meetings, and business meetings as the occasion arises.

The teaching of psychiatry at the Wayne University Medical School in Detroit is almost entirely in the hands of analysts. Also in the School of Social

Work at Wayne University all physicians who are doing any teaching on the faculty are analysts, and a large proportion of the social work faculty has been analysed.

The problem of lay analysts and the admission of lay analysts to membership in the Society is again under active discussion. Since in actual practice much analysis and much that is called analysis is being done by lay people, the position of the American Psychoanalytic Association which amounts to ignoring the problem seems to be a very faulty one.

During the years 1950–1951 the following scientific meetings were held:

October 2, 1950. Dr. Leo H. Bartemeier: 'Recollections of Europe.' Dr. Fritz Redl: 'Impressions of his Trip to Germany.'

October 16, 1950. Dr. George Richardson: 'An Experience with Short Psychotherapy.'

October 30, 1950. Dr. Fritz Redl: 'An Analysis of the Concept of Group Psychotherapy.'

November 18, 1950 (joint Cleveland and Detroit Meeting). Miss Marion Barnes: 'The Autistic Child.' Dr. Maurits Katan: 'Theoretical Discussion of Miss Barnes' Paper (possible clinical demonstration).' Dr. A. Grinstein: 'A Psychoanalytic Study of Schwind's "The Dream of the Prisoner".' Dr. Edward Bibring: 'Depression.'

November 27, 1950. Dr. Louis S. Lipschutz: 'A Case Report.'

January 8, 1951. Dr. Fritz Redl: 'Studies in Problems of Ego Disturbance.'

January 22, 1951. Dr. Fritz Redl: 'Studies in Problems of Ego Disturbance' (*cont.*).

February 5, 1951. Dr. Louis S. Lipschutz: 'The Writing of Dreams.'

February 19, 1951. Dr. Fritz Redl: 'Studies in Problems of Ego Disturbance' (*cont.*).

March 5, 1951. Dr. Fritz Redl: 'Studies in Problems of Ego Disturbance' (*cont.*).

March 19, 1951. Dr. Leo H. Bartemeier: 'Psychoanalytic Aspects of Pregnancy.'

April 2, 1951. Dr. Fritz Redl: 'Studies in Problems of Ego Disturbance' (*cont.*)

April 14, 1951 (joint Cleveland and Detroit Meeting). Mrs. Selma Fraiberg: 'Enlightenment and Confusion.' Dr. John M. Flumerfelt: 'A Fragment of an Analysis.' Dr. Maurits Katan: 'Schreber's Two Illnesses.'

May 14, 1951. Dr. James M. Stanton: 'Some Psychoanalytic Aspects of Speech Disturbance.'

October 1, 1951. Reports by Detroit Members on the International Psycho-Analytical Congress in Amsterdam.

October 15, 1951. Dr. Sol C. Grossman: 'The Effect of Infantile Trauma on the Development of Femininity: A Case Study.'

October 29, 1951. Dr. Sol C. Grossman: 'Excerpts from an Analysis.'

November 10, 1951 (joint Cleveland and Detroit Meeting). Dr. Walter Musta: 'A Technical Point of Acting Out.' Mrs. Selma Fraiberg: 'Treasure Hunts.' Dr. Heinz Hartmann: 'The Mutual Influences in the Development of Ego and Id.' Drs. E. and R. Sterba: 'Beethoven and His Nephew.'

November 19, 1951. Dr. E. Eduardo Krapf: 'The Merchant of Venice.'

Harry E. August, M.D.,
Secretary.

THE NEW YORK PSYCHOANALYTIC SOCIETY

247 East 82 Street, New York 28, N.Y.

In Memoriam:	Deceased
Kilian K. Bluhm, M.D.	October 6, 1950
Paul Federn, M.D.	May 4, 1950
Bela Heksh, M.D.	June 10, 1951
J. H. W. van Ophuijsen, M.D.	May 31, 1950
Fritz Wittels, M.D.	October 16, 1950

New Life Member Transferred from Regular Membership: Leland E. Hinsie, M.D.

Scientific Papers, 1950–1951

May 16, 1950. David Beres, M.D.: 'A Dream, A Vision, and A Poem: A Psychoanalytic Study of the Origins of the Rime of the Ancient Mariner.'

May 23, 1950. Bertram D. Lewin, M.D.: 'In Memoriam: Dr. Paul Federn.' I. Peter Glauber, M.D.: 'The Mother in the Etiology of Stuttering.'

June 6, 1950. John N. Rosen, M.D.: 'The Optimum Conditions for the Treatment of Schizophrenic Psychosis by Direct Analytic Therapy.'

September 9, 1950. Emanuel Klein, M.D.: 'In Memoriam: Dr. J. H. W. van Ophuijsen.' Edoardo Weiss, M.D. (Chicago): 'On Paul Federn's Contribution to Psychoanalysis.'

October 17, 1950. Margaret Brenman, Ph.D. (in collaboration with Merton Gill, M.D., and Robert P. Knight, M.D.): 'Spontaneous Fluctuations in Depth of Hypnosis and Their Implications for Ego Functions.'

October 31, 1950. Felix Deutsch, M.D. (Boston): 'Thus Speaks the Body—Analytic Posturology.'

November 14, 1950. Edward Hitschmann, M.D. (Boston): The Abraham A. Brill Memorial Meeting —'Freud's Conception of Love.'

November 28, 1950. Charles Brenner, M.D.: 'An Addendum to Freud's Theory of Anxiety.'

December 19, 1950. Lawrence S. Kubie, M.D.: 'The Rôle of Symbolic Distortion in Neurosis and Psychosis.'

January 16, 1951. Mrs. Berta Bornstein, Ernst Kris, Ph.D., Maurice Levine, M.D., Sydney G. Margolin, M.D., Annie Reich, M.D., and René A. Spitz, M.D.: Symposium on Masturbation.

January 30, 1951. Edward E. Harkavy, M.D.: 'Sublimation and the Problem of Instincts. (Illustrative Case of Comic Talent.)'

February 13, 1951. Continuation of Symposium on Masturbation.

February 27, 1951. Maurits Katan, M.D. (Cleveland): 'On the Development of Freud's Conception of the Attempt at Restitution.'

March 13, 1951. Jacob A. Arlow, M.D.: 'Psychoanalytic Study of Religious Initiation Rite—Bar Mitzvah.'

March 27, 1951. Siegfried Bernfeld, Ph.D. (San Francisco): The Abraham A. Brill Memorial Lecture—'Turning Points in Freud's Life.'

April 10, 1951. Edward Bibring, M.D. (Boston): 'The Problem of Depression.'

May 15, 1951. Leo Stone, M.D.: 'On the Principal Obscene Word of the English Language.'

May 22, 1951. Paul Friedman, M.D.: 'The Bridge: A Study in Symbolism.'

June 12, 1951. Geraldine Pederson-Krag, M.D.: 'A Psychoanalytic Approach to Mass Production.'

Charles Brenner, M.D.,
Secretary.

THE NEW YORK PSYCHOANALYTIC INSTITUTE

247 East 82 Street, New York 28, N.Y.

School of Applied Psychoanalysis

The New York Psychoanalytic Institute has organized a new curriculum within its School of Applied Psychoanalysis. The courses are designed for scholars and for research students working in the humanities and in the social sciences. They are offered because academic knowledge of analysis remains superficial and inexact despite ever-increasing interest. Since colleges and universities cannot supply the theoretical teaching requisite for analytic understanding, this curriculum should fulfil a definite need.

The courses for the year 1951–1952 constitute the first and provisional year of the School of Applied Psychoanalysis. A more complete curriculum, extending over several years, is being planned. This will include the more important aspects of psychoanalytic theory, and the observations on which they are based. In addition, from year to year, various applied courses will be given—analytic writings about mythology, literature, religion and anthropology will be discussed, and investigations of the Institute teaching staff presented.

The programme now being initiated has long been contemplated. It is without previous model; in the sense of systematic integrated instruction in analytic theory, it has never been attempted. If this plan is successful, it is hoped that further contributions can be made to the academic disciplines allied to analysis.

Mary O'Neil Hawkins, M.D.,
Chairman.

PHILADELPHIA PSYCHOANALYTIC SOCIETY

1701 Walnut Street, Philadelphia 3, Pa.

Scientific Papers, 1950–1951

September 20, 1950. LeRoy M. A. Maeder, M.D.: 'Psychological Aspects of Migraine.'

October 18, 1950. Morris W. Brody, M.D.: 'The Symbolic Significance of Twins in Dreams.'

November 15, 1950. Beryl Jaffe, M.D.: 'Analysis of a Case of Anxiety Hysteria.'

January 17, 1951. Florence B. Powdermaker, M.D. (New York City): 'Some Aspects of Psychotherapy with Schizoid Patients.'

February 21, 1951. Robert C. Bak, M.D. (New York City): 'The Schizophrenic Process.'

March 21, 1951. Richard L. Frank, M.D. (New York City): 'The Retreat from Reward and Punishment.'

April 18, 1951. I. Peter Glauber, M.D. (New York City): 'Paranoia in an Adolescent Stutterer.'

May 16, 1951. Clarence P. Oberndorf, M.D. (New York City): 'Psychoanalysis and Literature.'

LeRoy M. A. Maeder, M.D.

THE WESTERN NEW ENGLAND PSYCHOANALYTIC SOCIETY

The Western New England Psychoanalytic Society was constituted at a meeting held on November 7, 1951, in West Hartford, Connecticut.

The history of our Society is fairly brief and uneventful. In 1947 only four practising analysts were in Connecticut: Drs. Mildred H. January and Richard Karpe in Hartford, and Drs. Edith B. Jackson and Else Pappenheim in New Haven. In the fall of 1948 Dr. Alfred Gross came from Topeka. In 1949 Dr. Merton Gill came to New Haven. Furthermore, we had two associate members of The New York Psychoanalytic Society in our midst, Dr. Fredrick C. Redlich in New Haven and Dr. Margaret Sommers in Stamford. We all felt pretty much isolated professionally, since it was difficult to travel to New York for meetings, and decided to come together as an informal group. We invited Dr. John Dollard and Dr. Milton Senn to join our little circle, since both had had some analytical training and a great interest in psycho-analysis. Beginning in the fall of 1949, we met once or twice a month in the homes of the various members of the group. We discussed case presentations given by Drs. Gross, Karpe, Pappenheim and Sommers. Dr. Jackson gave us a report on the Rooming-In Project in Yale University, Dr. Dollard discussed his recent book, and Dr. Gill read a paper on 'Spontaneous Fluctuations in the Depth of Hypnosis.'

By the summer of 1951 more analysts joined our group: Drs. Henry H. Hart and Samuel Ritvo, both members of the American Association, had moved from New York, and Dr. Maudie Marie

Burns, of Hartford, and Dr. Poul Faergeman, of Greenwich, became Associate Members. We felt the time had come to form a Society, knowing that more analysts would arrive during the summer.

The decision to form a Society was taken at a business meeting held on July 31 in New Haven, by all the members mentioned above. We also decided to invite the group of analysts in Stockbridge to join us. The Stockbridge group responded favourably.

On September 18, all the members of the American Psychoanalytic Association in our group (our charter members) met again to discuss the Constitution and By-laws and to sign the application to the American Psychoanalytic Association. By that time Drs. Felice Emery, Ruth W. Lidz, and William Pious had arrived in New Haven.

In view of the geographical distances of our membership, it was decided to hold five extended meetings a year.

Else Pappenheim, M.D.,
Secretary.

ARGENTINE PSYCHOANALYTIC ASSOCIATION

(*Asociacion Psicoanalitica Argentina*)

Juncal 655, Buenos Aires

Papers Read and Discussed during 1950

Dr. Juan Carlos Bisi: 'A Case of Failure Neurosis.'

Dr. Ricardo Bisi: 'Psychodynamics in a Case of Dermatosis.'

Dr. Angel Garma: 'Some Aspects of the Mother-Image in Patients with Peptic Ulcer.'

Dr. E. Eduardo Krapf: 'Shakespeare's Jew. A Contribution to the Psychology of Anti-Semitism.'

Dr. David Liberman: 'Genesis of Object Relations in a Homosexual.'

Dr. Walderedo Ismael de Oliveira: 'Symbolism of the Tower of Babel. The Confusion of Tongues and Schizophrenic Dissociation.'

Dr. Marialzira Perestrello: 'The Prognosis of a Schizophrenic Patient in Relation with the Behaviour of his Family.'

Dr. Enrique Racker: 'Contribution to the Psychoanalysis of Transference Neuroses.'

Dr. Santiago Ramirez: 'Psychogenic Aspects in a Case of Obesity.'

Foreign Activities

Dr. Enrique Pichon-Riviere and Mrs. A. A. de Pichon-Riviere held some conferences on child analysis and child psychiatry at the course of Psychology Applied to Infancy of the Faculty of Medicine of Montevideo.

Dr. Arnaldo Rascovsky, invited by the authorities of Ecuador, Columbia and Mexico, held lectures on psycho-analysis in several universities of those countries, as well as at the Mount Sinai Hospital in New York.

Dr. E. Eduardo Krapf attended the Assembly of Mental Health and the World Congress of Psychiatry, both in Paris. Before the Congress, Dr. Krapf presented a report on 'Depersonalization'.

Dr. Enrique Pichon-Riviere,
President.

BRAZIL PSYCHOANALYTIC SOCIETY (SAO PAULO)

(*Sociedade Brasileira de Psicanalise*)

Rua Araujo, 165—Apto. 50, Sao Paulo, Brazil

Our Society had twelve regular and three administrative meetings during the year. Almost all of the members gave lectures, and for several months Dr. Theon Spanudis conducted a seminar on Freud's *Outline of Psycho-Analysis.*

Our Society, in collaboration with the Asociacion Psicoanalitica Argentina, is organizing the First South American Psychoanalytic Congress, to be held in Buenos Aires, Argentina, in May 1952.

Dr. Darcy Mendonça Uchôa,
Secretary.

BRITISH PSYCHO-ANALYTICAL SOCIETY

Report of the Scientific Secretary for the Year June 1950–1951

The Society held, in the academic year 1950–1951, sixteen Scientific Meetings including the Ernest Jones Public Lecture, given this year by Mr. Herbert Read, D.S.O, M.C., M.A., (Hon.) D.Litt., the subject being 'Psycho-Analysis and the Problem of Æsthetic Values'.

Two of our speakers were members of the French Psycho-Analytical Society. Professor D. Lagache spoke on 'Some Aspects of Transference', and Dr. J. Lacan gave 'A Contribution to the Theory of the Ego'. These two papers were part of the resumed scheme of exchange of speakers between ourselves and our fellow Societies on the Continent. We hope that in the future further Societies will become partners in this scheme. From our side Mrs. Eva Rosenfeld and Dr. M. Balint visited our colleagues in Paris. Mrs. Rosenfeld spoke on 'The Pan-Headed Moses—a Parallel' and Dr. Balint on 'The Problem of Discipline'.

An interesting new development in the life of our Society is the establishment of separate Meetings for Associate Members started at Dr. Winnicott's suggestion at the end of last year. These members have met once every month and they ran their activities independently from the main body of the Society by their own officers. For the past year their chairman was Dr. Susannah Davidson and their secretary first Mrs. Beryl Sandford and then Miss Margaret Bavin. What follows is an extract from their Secretary's report:

'The Group held 10 meetings, each time the topic for discussion was clinical. The opening speakers were Dr. W. Bion, Dr. S. Davidson, Miss R. Thomas, Dr. L. Rubinstein, Miss M. Bavin, Mr. M. Khan, Dr. A. Harris, Mr. O. Friedman, Dr. J. Jacobs, Miss P. King and Dr. B. Woodhead. The average attendance was 14 (range 8–20), consisting of a constant nucleus of about 8 and a variable fringe.'

Obviously this seems to be a viable new institution.

Of the 19 papers given during this year, 6 were given as Membership papers. This raises a very serious problem for the future structure of our yearly scientific programmes, indeed for the future structure of our Society.

In the five years preceding the war, i.e. 1933–1934 to 1938–1939, the Society elected 16 new Associates and 13 full Members (in these figures the influx of new Members taken over from Continental Societies is *not* included). These figures mean (*a*) that although the number of Associates in the Society was gradually increasing, this increase did not threaten to influence the structure of the Society as a whole, and (*b*) the annual number of membership papers being only two to three, did not materially influence the scientific work of the Society.

In the five years after the war, i.e. 1945–1946 to 1950–1951, we elected 14 new members (6 of them in 1950–1951) and 48 new associates (16 of them in 1950–1951). We have to expect this trend to remain constant in the near future; at least there is no sign that the demand for training and the yearly intake of new students will diminish, which in turn means that for some years to come we must reckon with at least 10–15 new Associate Members each year.

Before the war the average time between graduating as an Associate and the election to full Membership was two to three years, at present it is about five, and if the present trend continues it will be still longer. One obvious consequence of this is the gradual change of the audience at our Scientific Meetings. Before the war the full Members were in an overwhelming majority; at present their number is about equal to, if not smaller than, that of Associates and Students present. Similarly in the 1933 list, published in the Bulletin, the Society had 34 Members and 25 Associates, while in 1950 we had 61 Members but 68 Associates.

If this tendency is allowed to continue, the structure of our Society will gradually change until it resembles that of the Royal Colleges of Medicine and of Surgeons, which have privileged members who govern the Colleges and who in turn give licences to practise to the younger generation of which, however, only a few are expected to proceed to higher qualifications.

If we want to avoid this oligarchic stratification of our profession, then the ways of graduating to full Membership must be changed. I wish to emphasize, however, that it will not be a good policy simply to encourage Associates to give Membership papers as soon as possible. At the end of this year we shall have about 60 Associates who can be considered as possible candidates for full Membership. Even if we use all our Scientific Meetings, i.e. 15–16 per annum, to work through this figure of Associates we should need three to five years.

But even if this could be done, I would strongly advise against this policy, as it would mean a limitation of the Society's scientific work since, inevitably, the aim of a Membership paper is not purely scientific, it must also give evidence of a general mastery by the candidate of psycho-analytic theory and practice. Moreover, a well-balanced scientific programme of the Society must pay due attention equally to the contributions by the younger generation, to the fertilizing effect of guests from abroad, and to the ideas and results of the experienced workers amongst us.

Whatever we do in this matter will deeply influence our future both as an organization and as a focus of scientific research. For this reason I think the Annual Meeting ought to be asked to express its opinion on the way it wishes to deal with this problem.

List of Scientific Meetings held during the Year

October 4, 1950. Mrs. H. Lewinsky: 'Pathological Generosity.' Dr. J. Rickman: 'Number and the Human Sciences.'

October 19, 1950. Mrs. E. Rosenfeld: 'The Pan-Headed Moses—a Parallel.'

November 1, 1950. Dr. W. Bion: 'The Imaginary Twin.'

November 15, 1950. Mr. Herbert Read, D.S.O., M.C., M.A., (Hon.) D. Litt.: The Ernest Jones Lecture: 'Psycho-Analysis and the Problem of Æsthetic Values,' given in the Barnes Hall of the Royal Society of Medicine.

December 6, 1950. Miss P. King: 'The Influence of the Society Field of the Transference.' Mrs. H. Ries: 'A Patient's Castration Dream in the Light of his Character Deformation.'

January 10, 1951. Dr. L. Munro: 'Some Aspects from the Analysis of an Actor.'

January 17, 1951. Dr. J. Rowley: 'Rumpelstiltzkin in the Analytical Situation.' Dr. A. MacLeod: 'Embryology and Early Object Relations.'

February 7, 1951. Dr. E. Gostynski: 'Clinical Contribution to the Analysis of Gestures.'

February 21, 1951. Dr. H. Maas: 'A Case of Hysteria.'

March 7, 1951. Dr. J. Pratt: 'Some Mechanisms in a Case of Fetishism.'

April 4, 1951. Professor D. Lagache: 'Some Aspects of Transference.'

April 18, 1951. Dr. F. D. Wride: 'A Bi-Sexual Exhibitionist.'

May 2, 1951. Dr. J. Lacan: 'A Contribution to the Theory of the Ego.'

May 30, 1951. Dr. D. W. Winnicott: 'Transition Object and Transition Phenomena (A Study of the First "Not-Me" Possession of Infants).'

June 6, 1951. Mr. M. Masud R. Khan: 'Some Aspects of the Dissolution of Object Representation in Modern Art.'

June 20, 1951. Mrs. B. Sandford: 'An Obsessional Man's Need to be Kept.'

M. Balint, M.D.,
Scientific Secretary.

GERMAN PSYCHO-ANALYTICAL ASSOCIATION

(*Deutsche Psychoanalytische Vereinigung*)

Berlin-Schmargendorf, Sulzaer Strasse 3

Public Lectures Held during 1951 *for Members of All Faculties, especially for Physicians, Psychologists, and Pedagogues*

Carl Müller-Braunschweig: 'Grundlinien der Psychoanalyse' (6 lectures).

Hans March: 'Psychopathologie des Helfens' (2 lectures).

Gerhart Scheunert: 'Der Bedeutungswandel der Anamnese in der Medizin unter dem Einfluss der Psychoanalyse.'

Marg. Steinbach: 'Märchen und Mythen.'

Marie Louise Werner: 'Kinderanalysen.'

Kaete Draeger: 'Der Traum.'

Carl Müller-Braunschweig, Ph.D.,
Sekretär für Ausland.

INDIAN PSYCHO-ANALYTICAL SOCIETY

14 Parsibagan Lane, Calcutta 9, India

Scientific Meetings

The following papers were read by Dr. N. N. Chatterji:

April 27, 1950. 'Infantile Sexuality and Paranoia.'

December 9, 1950. 'Fear of Loss.'

Dr. S. C. Mitra,
Secretary.

SWEDISH PSYCHO-ANALYTICAL SOCIETY

(*Svenska Psykoanalytiska Föreningen*)

The following papers were read before the Swedish Psycho-Analytical Society during the last year:

Magister Stefi Pedersen (guest): 'Psychoanalytic Remarks on Koestler's "Arrival and Departure".'

Dr. Lajos Szekely: 'On Susan Isaacs' Modification of the Ego through the Work of Analysis—Review and Comments.'

Dr. René de Monchy: Papers by Paula Heimann, Annie Reich and Margaret Little 'On Counter-transference—Review and Comments.'

Fil. kand. Klas Güttler: 'Some Critical Remarks on Freud's Metapsychology.'

Rektor Sten Sternberg (guest): 'Experiences with American Group Therapy.'

In recognition of her great merits, Dr. Alfhild Tamm was elected as an Honorary Member on the occasion of her seventy-fifth birthday.

Lektor Tore Ekman,
Secretary.

SWISS PSYCHO-ANALYTICAL SOCIETY

Since the International Psycho-Analytical Congress in Zürich two years ago, the following scientific papers have been read before the Society:

November 12, 1949. Hans Zulliger: 'Psychische Naturvölker-Reaktionen im Kinder-Kollektiv.'

December 10, 1949. Fritz Morgenthaler: 'Darstellung einer Analyse.'

January 21, 1950. Hans Zulliger: '"Sangoi-Land", eine Kinder-Phantasie.'

February 18, 1950. Dr. G. Richard: 'La responsabilité morale du psychanalyste dans le domaine sexuel.'

March 18, 1950. Pfarrer Dr. O. Pfister: 'Existenzialismus und theoretische Psychoanalyse.'

April 1, 1950. Pfarrer Dr. O. Pfister: 'Existenzialismus und praktische Psychoanalyse.'

May 13, 1950. Mme. Jeane Rossier: 'Un cas d'abandon chez une fillette.'

October 7, 1950. Mlle. Louisa Düss: 'Critique psychiatrique de l'Existentialisme. Expérience existentielle chez une schizophrène.'

October 28, 1950. Dr. N. Beno: 'De la névrose dite réactionelle.' Mlle. Françoise Muller: 'L'exposé d'un cas.'

November 25, 1950. Dr. Paul Parin: 'Zwei Beobachtungen aus dem psychosomatischen Grenzgebiet.'

January 27, 1951. Dr. E. Liefmann: 'Die Bedeutung mittelalterlicher Ueberlieferungen für den Antisemitismus. Ein psychoanalytischer Beitrag zu seinem Verständnis.'

February 24, 1951. Jacques Berna: 'Zur Technik der Kinder-Analyse.'

March 17, 1951. Dr. Harold Winter: 'Das anti-feminine Verhalten bei weiblichen Neurosen, mit besonderer Rücksicht auf entsprechende Widerstandsformen in der Analyse.'

April 28, 1951. Dr. G. Bally: 'Ueber Vorgänge bei der Ich-Bildung.'

May 26, 1951. Dr. E. Kockel: 'Psycho-Therapie und Analyse bei Schizophrenen.'

June 16, 1951. Pfarrer Dr. O. Pfister: 'Die Psycho-Therapie der Navahos und aktuelle psychoanalytische Fragen.'

Dr. Philipp Sarasin,
President.

REPORTS ON TRAINING ACTIVITIES, 1951-52

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PSYCHOANALYTIC TRAINING INSTITUTES RECOGNIZED BY THE AMERICAN PSYCHOANALYTIC ASSOCIATION

STANDARDS FOR THE TRAINING OF PHYSICIANS IN PSYCHOANALYSIS

The establishment and maintenance of Standards for the training of physicians in psychoanalysis is one of the functions of the Board on Professional Standards as defined in the By-Laws of the American Psychoanalytic Association.

Committee on Standards. The Board on Professional Standards shall maintain a *Committee on Standards* for the continued study of recommendations as to alterations or revisions of standards and curricula as may from time to time be deemed advisable. Ordinarily, proposals of the Committee on Standards shall be presented to the Board on Professional Standards not later than the Mid-Winter Meeting of the American Psychoanalytic Association.

The following are the required standards of the American Psychoanalytic Association for the training of physicians in psychoanalysis. These were approved by the Board of Professional Standards on December 17, 1948.

Admission to Training in Psychoanalysis. (1) The applicant for training in psychoanalysis must be a graduate of a Class A Medical School as defined by the American Medical Association or a foreign medical school of equivalent rating.

(2) In order to have his application considered, the applicant must have creditably served at least one year's recognized interneship in a Class A hospital approved by The American Medical Association or in a foreign hospital with equivalent rating.

(3) The applicant also must have had at least one year's full time work in a psychiatric hospital approved by The American Psychiatric Association and the American Medical Association before he may be accepted for analysis, unless the first year's residency is included as a part of the Institute's curriculum.

It is furthermore understood that he will have completed three years of approved psychiatric training prior to completion of his training in psychoanalysis.

A maximum of one year's credit for psychiatric experience in the Armed Forces will be given. It is understood that such experience cannot be substituted for the first year of psychiatric residency.

In the final consideration of experience, each Institute must determine the quality of the psychiatric training received, as well as its duration.

(4) The applicant for enrolment must satisfy the Faculty of an Institute as to the maturity of his personality.

Evaluation of the applicant's suitability is based on interviews with at least three members of the Faculty, which may be supplemented by additional studies and physical examinations as may be deemed necessary.

Pledge of Faith. The applicant must pledge himself in writing neither to conduct psychoanalytic treatment nor to represent himself as a psychoanalyst until he has been authorized to do so by the Faculty of an Institute of The American Psychoanalytic Association.

Preparatory Analysis. The preparatory analysis is the foundation of the student's ability to treat disorders of personality. No fast rule can be applied as to the duration of this preparatory analysis. It is a dynamic procedure determined by the therapeutic needs of each person. Any statement of a definite number of hours of analytical treatment is incompatible with this concept. Nevertheless, any such course of treatment should satisfy the requirements of a psychoanalytic therapeutic objective; this may require several years. The termination of the training analysis should be determined solely by the achievement of this goal. This objective is freedom from personality factors that would interfere with the ability to conduct psychoanalytic treatment.

In May 1951 The Board on Professional Standards passed the recommendation that a *minimum of four hours a week*, an optimum of five, should be required for the student's own analysis and for the student's cases in control.

Attendance on theoretical courses and seminars is dependent on the progress of the applicant's preparatory analysis and is determined by the Educational Committee of the Institute.

Supervised Work. The student's readiness to begin supervised work with patients is determined by the Educational Committee of the Institute.

Before the completion of his analytic training, the student is required to conduct a minimum of two analyses under supervision. It is desirable that additional therapeutic work be done under supervision.

The student is to have at least two supervising analysts and a minimum total of two hundred hours of supervision of analysis.

The Required Curriculum

The Curriculum hereinafter described as *Required* refers to the ' Minimal Standards ' of instruction. It will be divided over a period of three years. The degree of elaboration will depend on the teaching facilities of each Institute.

The Required Curriculum is designed to avoid the teaching of isolated concepts and to emphasize at all times the functioning of the total personality.

Broadly conceived, the curriculum is divided into Basic Concepts, Pathological Formations and Therapeutic Procedures.

I. Basic Concepts of Psychoanalysis. This introductory course deals with the elements of psychoanalytic theory. It will present concepts of the unconscious and the stages in growth and development of personality based on the theory of the instincts, the place and function of repression, the need for and the types of defences, ego development, super-ego formation.

II. Pathological Formations. This course aims to instruct the student in the discernible pathological entities and the unconscious processes revealed in their investigation. This course may be divided into one or more parts for the adequate presentation of the data on the neuroses, psychoses and personality disorders, including their differentiation.

III. Scientific Method. Psychoanalysis is presented as a method and as a synthesis of empirical observations.

Special consideration is given to Freud's primary postulates, to basic requirements for utilizing the method of free associations and to logical means for interpretation. Applications of criteria to clinical material provide continuity with the course on dreams.

IV. The Theory and Technique of Dream Interpretation. This course will emphasize the theory and technique of dream interpretation and the place of the dream in the analysis.

This will be divided as to lectures and seminars and distributed through the three years of instruction.

V. The Literature of Psychoanalysis. A presentation from the classical to the modern literature of psychoanalysis has value to the student. In general, the literature will be studied throughout three years of training.

VI. Technique. Instruction in the experience of the preliminary analytic interviews is required before the student begins supervised work with patients.

Subsequent courses will emphasize the fact that technical skill is dependent on the understanding of the total personality situation and the dynamics of the unconscious.

VII. Clinical Seminars. Broadly defined, clinical seminars should include *Continuous Case Presentations; Discussions of Special Problems; Brief Clinical Presentations by Students;* and, *Case Presentations by Faculty.*

These clinical seminars may be modified in any manner which best utilizes the Faculty facilities of an Institute, while serving the best interests of the trainee.

VIII. Child Analysis. Designed to direct attention to therapeutic procedures with children, instruction is given on child analysis and therapeutic emergencies.

The course is devoted to *The Neuroses of Children; The Instinctual Development of the Child; The Theory of Education;* and, to *The Indications and Criteria, Child Analysis and other Techniques of Psychiatric Treatment of Children.* So far as possible, organized observation of children will be attempted.

Advanced lectures, clinical seminars and supervision are obligatory for those desiring to specialize in child analysis. The special requirements for specialization in this field are elective additions to the curriculum and correspond approximately to the type of instruction required for therapeutic work with adults.

IX. Applications of Psychoanalysis. Courses in cultural anthropology, psychology and the social sciences, stressing aspects important for psychoanalysis, are recognized by Institutes as needed additions to the curriculum. Applications of psychoanalytic insights to art, criminology and education are generally recommended. Familiarity with investigative studies in every field is encouraged.

Instruction may be presented through the medium of organized courses in a particular field, in several fields or in lectures by visiting instructors.

THE BOSTON PSYCHOANALYTIC SOCIETY AND INSTITUTE, INC.

82 Marlborough Street, Boston 16, Massachusetts

Admission and Required Training. See Standards for the Training of Physicians in Psychoanalysis of the American Psychoanalytic Association.

Endorsement. After successfully completing three controls and all courses, upon recommendation of control analysts and the Students' Committee, names are submitted to the Educational Committee, who, after approval, present them to the Society for membership—at which time Certificates of Membership are given, for which the Society must first vote.

Class B Medical Candidates. Medical candidates who wish to apply analytic knowledge to their respective medical fields without attempting to specialize in psychiatry or psychoanalysis must be qualified by the Educational Committee. Before preparatory analysis is begun, such candidates must sign a pledge not to represent themselves as qualified psychoanalysts nor to practice medical and therapeutic psychoanalysis after their training is completed but to confine their application of psychoanalytic knowledge within their medical fields. Such Medical but Non-Psychiatric candidates shall complete preparatory analysis (minimum 250 hours) and such other courses and work as shall be designated for this group of candidates by the Educational Committee.

Training Analysts (17): Dr. Bernard Bandler, Dr. Edward Bibring, Dr. Grete L. Bibring, Dr. Leolia A. Dalrymple, Dr. Lydia C. Dawes, Dr. Julia Deming, Dr. Felix Deutsch, Dr. Helene

Deutsch, Dr. Ives Hendrick, Dr. Edward Hitschmann, Dr. Lucie Jessner, Dr. Joseph J. Michaels, Dr. John M. Murray, Dr. Eleanor Pavenstadt, Mrs. Beata Rank, Dr. Helen H. Tartakoff, Dr. Elizabeth R. Zetzel.

Number of Candidates in training: 127.

Courses for Candidates and Members: Group Control*: Dr. Grete L. Bibring, Dr. Felix Deutsch; Psychoanalytic Psychotherapy: Dr. John M. Murray; Psychoanalytic Psychiatry*: Dr. Elizabeth R. Zetzel; Technique*: Dr. Helen H. Tartakoff; Theory of the Instincts*: Dr. Ives Hendrick; Development and Pathology of the Ego: Dr. Ives Hendrick; Child Seminars*: Dr. L. Jessner, Dr. L. Dawes; Clinical Conferences*: Dr. L. Berman, Dr. E. Zetzel, Dr. A. Ludwig, Dr. G. Rochlin, Dr. E. Pavenstedt, Dr. L. Jessner; Dream Interpretation: Dr. Julia Deming, Dr. L. Berman; Child Psychiatry†: Dr. E. Pavenstedt, Dr. M. Putnam; Freud's Papers*: Dr. B. Bandler.

* Obligatory for Candidates.
† Obligatory for First-year Candidates.

CHICAGO INSTITUTE FOR PSYCHOANALYSIS

664 North Michigan Avenue, Chicago 11, Illinois

Training Analysts (27): Dr. Franz Alexander, Dr. Catherine Bacon, Dr. Therese Benedek, Dr. Lionel Blitzsten, Dr. Ludolf Bollmeier, Dr. Hugh Carmichael, Dr. Edwin Eisler, Dr. Minna Emch, Dr. Joan Fleming, Dr. Thomas French, Dr. Margaret Gerard, Dr. Maxwell Gitelson, Dr. Roy Grinker, Dr. Adelaide Johnson, Dr. Bernard Kamm, Dr. Paul Kramer, Dr. Harry Lee, Dr. Maurice Levine, Dr. Helen McLean, Dr. Albrecht Meyer, Dr. Fritz Moellenhoff, Dr. George Mohr, Dr. Milton Rosenbaum, Dr. Emmy Sylvester, Dr. Lucia Tower, Dr. Edoardo Weiss, Dr. George Wilson.

DETROIT PSYCHOANALYTIC INSTITUTE

Training Analysts (5): Dr. Leo H. Bartemeier, Dr. Anny Katan, Dr. Maurits Katan, Dr. Editha Sterba, Dr. Richard Sterba.

Candidates in training: 20.

Programme of Lectures and Seminars for the year 1951–1952: Ego Psychology (ten two-hour lectures): Dr. Fritz Redl; Basic Concepts of Psychoanalysis (ten two-hour lectures): Dr. Max Wolfe; Clinical Seminar (two hours weekly): Dr. Leo H. Bartemeier; Seminar on Psychoanalytic Therapy (Continuous Case Reports) (two hours weekly): Dr. Richard Sterba; Seminar on Freud's Writings (two hours weekly): Dr. Richard Sterba; Seminar on Child Psychology (two hours weekly): Dr. Editha Sterba.

For Analysed Psychiatric Social Workers: Seminar on Psychoanalytic Theory (two hours bi-weekly): Dr. Richard Sterba; Seminar on Child Psychology (bi-weekly): Dr. Editha Sterba.

INSTITUTE OF THE PHILADELPHIA ASSOCIATION FOR PSYCHOANALYSIS

111 North 49 Street, Philadelphia 39, Pennsylvania

Candidates in training: 35.
Candidates accepted, not yet in training: 11.

The Training Programme

Applicants for admission to the Institute are interviewed first by the Dean. This interview has the purpose of rejecting applicants who, for manifest reasons—perceptible psychoses, delinquency, etc.—are unsuitable. The apparently favourable applicants are recommended, if at all possible, to work for six months at least in an out-patient clinic under the supervision and direction of one of the training analysts, so that the latter may be able to obtain some knowledge of the applicant's empathy, ability to perceive psychological processes and his intuitive flair for psychotherapy. Toward the end of this time the applicant is interviewed separately by three members of the faculty. His final acceptance or rejection as a student is determined by the results of the four interviews and the six months of supervised clinical work.

As soon as the applicant is accepted as a student he is assigned to a small seminar group consisting of four or five other students in the same stage of training. This seminar meets once a month to discuss an assigned reading list on folklore, mythology, anthropology, etc. Attendance at these seminars may begin before the student begins his personal psychoanalysis, and continues throughout the whole period of his training, although after he is ready to start his theoretical work, the subjects under discussion are changed to psychoanalytic literature and case material.

A student is required to have completed at least six months of psychoanalysis before he starts his didactic work.

The didactic work consists of three parts: Lectures on psychoanalytic theory and technique, clinical and technical seminars and a preceptor system. During the first year of didactic work the student is required to spend one half-day a week for three months observing children in a selected nursery school and, during this time, to have at least two conferences with an instructor to discuss his observations. The preceptor system is as follows: As soon as the student starts his didactic work he is assigned two preceptors and a graduated reading list of psychoanalytic theory and practice. He meets each preceptor twice a month except when his lecture courses are in session, when he meets the preceptor only once a month. With one preceptor he discusses theoretical literature, and with the other clinical literature. His preceptors are changed every six months. Every six months a meeting of all the instructors and preceptors is held, at which the preceptors and instructors of each

student present their opinion of the student and his progress. Through these discussions the preceptors learn when the student is to be advised to begin the analysis of supervised cases and whatever new parts of the curriculum he may undertake. In this way the student's personal analyst is relieved of much of the responsibility of having to make serious decisions as to the student's life. The more we have experience with the use of the preceptor system, the more we believe that it will eventually replace all lectures as the ideal system for the theoretical training of students. The students become more interested in really understanding the psychoanalytic literature than they do from lectures and they have a better chance of correcting misconceptions. Also the faculty have a much better chance of really knowing the student, his capabilities and deficiencies, than they do under the lecture system.

Each student is required to analyse at least four patients in supervised analyses. At least the first two supervised cases are selected by the Director of the Clinic as being very suitable ones for the instruction of the student in psychoanalysis and are assigned to the student.

Graduation from the Institute is determined by the preceptor-instructor meetings and the student is not required to write a thesis. However, at some time in his student career he is expected to write and present to his preceptors two fairly brief papers on subjects in which he is interested.

Besides the general course of instruction, the Institute has a course for those students who are interested in specializing in the psychoanalysis of children. This is in addition to his regular course and consists of lectures and seminars. Each student begins with two half-days a week of observation in a nursery school for six months, with monthly conferences with instructors. In addition to his four adult supervised cases he is required to undertake the supervised psychoanalysis of three children. The course in the psychoanalysis of children requires at least two years more work as a student than the regular course does. The student may graduate from the Institute when he has completed successfully his regular course, but he will not be considered a specialist in the psychoanalysis of children until his work in the specialty is completed.

It is unusual for the student in the regular course to graduate from the Institute in less than five years.

THE INSTITUTE FOR PSYCHOANALYTIC MEDICINE OF SOUTHERN CALIFORNIA

226 North Canon Drive, Beverly Hills, California

At the December, 1950, meeting of the American Psychoanalytic Association, the Institute for Psychoanalytic Medicine of Southern California was recognized. This Institute serves the Society for Psychoanalytic Medicine of Southern California and it is no longer connected with the Los Angeles Institute for Psychoanalysis.

Milton L. Miller, M.D. (*President*), George Frumkes, M.D. (*Secretary*), May E. Romm, M.D. (*Treasurer*), Martin Grotjahn, M.D. (*Director of Training School; Chairman, Educational Committee*).

Board of Directors: George Frumkes, M.D., Martin Grotjahn, M.D., Norman A. Levy, M.D., Judd Marmor, M.D., Harry H. Nierenberg, M.D., May E. Romm, M.D.

Educational Committee: Martin Grotjahn, M.D. (*Chairman*), George Frumkes, M.D., Norman A. Levy, M.D., Judd Marmor, M.D., Milton L. Miller, M.D., Harry H. Nierenberg, M.D., May E. Romm, M.D.

Instructors (Training Analysts): George Frumkes, M.D., Martin Grotjahn, M.D., Norman A. Levy, M.D., Milton L. Miller, M.D., May E. Romm, M.D.

Lecturers: Walter Briehl, M.D., Arthur Clinco, M.D., Sigmund Gabe, M.D., Frederick Hacker, M.D., Judd Marmor, M.D., Eugene F. Mindlin, M.D., Harry H. Nierenberg, M.D.

Guest Lecturer by Appointment: Mrs. Marie Briehl.

Programme of Courses

First Year: Freud's Writings, Part I, Basic Concepts: Frumkes; Freud's Writings, Parts II, III, IV, Case Histories: Gabe; Freud's Writings, Part V, Clinical Papers: Clinco; Interpretation of Dreams, Parts I and II: Romm; Theory of Instincts: Levy; Dynamics of Personality Development, Parts I and II: Levy; Theory of Technique, Part I: Frumkes; Clinical Case Presentations: Grotjahn.

Second Year: Freud's Writings, Part VI, Metapsychology: Mindlin; Psychoanalytic Case Seminar: Miller; Dynamics of the Psychoses: Nierenberg; Classical Authors other than Freud, Parts I and II: Briehl; Dynamics of Character Disorders, Parts I and II: Marmor; Dynamics of Transference Neuroses, Parts I and II: Nierenberg.

Third Year: Psychoanalytic Case Seminar: Miller; Theory of Technique, Part II: Romm; Freud's Writings, Part VII, Ego Psychology: Frumkes; Freud's Writings, Part VIII, Applied Psychoanalysis: Mindlin; Dynamics of Psychosomatic Disorders: Miller; Current Literature: Grotjahn; Child Analysis: Mrs. Briehl.

In February 1952, there were 30 students in training and 9 candidates awaiting training.

LOS ANGELES INSTITUTE FOR PSYCHOANALYSIS

The Training School

407 Commercial Center Street, Beverly Hills, California

Ernst Lewy, M.D. (*Director*), Charles W. Tidd, M.D. (*Treasurer*), Ivan McGuire, M.D. (*Secretary*).

Board of Trustees: Walter S. Hilborn (*President*), James Allen, Robert S. Beasley, David Brunswick,

Ph.D., Mrs. Frances Deri, Richard D. Evans, M.D., Hanna Fenichel, Ph.D., Ralph R. Greenson, M.D., Julius Kahn, M.D., Ernst Lewy, M.D., Ivan McGuire, M.D., Lincoln Rahman, M.D., Charles W. Tidd, M.D., Carel Van der Heide, M.D., Elizabeth L. Woods, Ph.D.

Education Committee: Ernst Lewy, M.D. (*Chairman*), David Brunswick, Ph.D., Mrs. Frances Deri, Hanna Fenichel, Ph.D., Ralph R. Greenson, M.D., Charles W. Tidd, M.D., Carel Van der Heide, M.D.

Instructors (*Training Analysts*)*:* David Brunswick, Ph.D., Mrs. Frances Deri, Hanna Fenichel, Ph.D., Ralph R. Greenson, M.D., Ernst Lewy, M.D., Charles W. Tidd, M.D., Carel Van der Heide, M.D.

Lecturers: Richard D. Evans, M.D., Samuel Futterman, M.D., Herbert I. Kupper, M.D., Ivan McGuire, M.D., Robert Newhouse, M.D., Lincoln Rahman, M.D.

The Los Angeles Institute for Psychoanalysis is recognized by the American Psychoanalytic Association and is governed by the regulations prescribed in the *Standards for the Training of Physicians in Psychoanalysis of the American Psychoanalytic Association.*

Aims. The Los Angeles Institute for Psychoanalysis has four principal aims: first, to train physicians in the theory and practice of psychoanalysis; second, to continue investigation in the science of psychoanalysis; third, to disseminate knowledge of psychoanalysis in other branches of medicine and related fields; fourth, to serve the community—in matters of mental hygiene, in the treatment of the mentally ill, and by co-operation with other agencies.

Requirements for Admission. See Standards for Training, American Psychoanalytic Association.

State Medical Licence. No candidate shall begin his psychoanalytic training until he has acquired a licence to practice medicine in the State of California.

Curriculum

The Preparatory (*Personal*) *Analysis and Theoretical Instruction.* See Standards of Training, American Psychoanalytic Association.

Supervised Clinical Work. The candidate may be authorized by the Education Committee to take the first patient for supervised psychoanalytic treatment when, in the opinion of his training analyst, he is ready for such work.

Before the completion of his analytic training, the student is required to conduct a minimum of three analyses under supervision.

The student is to have at least three supervising analysts and a minimum total of 200 hours of supervision of analysis.

As a part of the training requirement the student must devote a minimum of 300 hours without pay to the supervised treatment of at least one patient assigned to him by the Psychoanalytic Service of the Los Angeles Institute for Psychoanalysis. One hour of supervision per week per clinic patient will be provided by the supervising analyst without fee.

Clinical Conferences. A candidate must participate in not less than fifty clinical conferences. He shall make at least three presentations of clinical material from his own experience. Furthermore, the candidate shall continue to attend clinical conferences for the duration of his supervised work.

Psychoanalytic Service

The Institute established the Psychoanalytic Service of the Los Angeles Institute for Psychoanalysis on May 5, 1949, with the following purposes:

(1) To assist in the training of candidates by providing suitable cases for supervised psychoanalysis.

(2) To provide psychoanalytic treatment at low cost.

(3) To provide research possibilities for analysts and candidates.

The student must devote a minimum of 300 hours without pay to the psychoanalytic treatment of at least one patient assigned to him by the Psychoanalytic Service. The student will be provided with one hour of supervision per patient per week without fee by one of the training analysts.

Extension Division

The Extension Division of the Institute offers instruction in psychoanalytic theory and its applications for selected students who do not intend to use psychoanalysis therapeutically.

Courses in the Extension Division. (1) Lectures and seminars on psychoanalysis for psychiatrists; (2) lectures and seminars for physicians, psychologists, psychiatric nurses, social workers, educators and other professional groups; (3) lectures for the general public.

Three-Year Curriculum

First Year: Introductory Lectures on Basic Psychoanalytic Concepts; Dream Theory—Introduction; Freud's Writings; Development of Personality, Part I (Libido Theory), Part II (Libido Theory); Psychopathology of Everyday Life; Dream Interpretation; Theory of Neurosis—General Introduction.

Second Year: Dynamics of Transference Neuroses, Part I (Hysterias), Part II (Compulsive Obsessive Neuroses); Theory of Technique, Parts I and II; Classic Psychoanalytic Literature other than Freud, Parts I and II; Clinical Conferences; Freud's Writings; Instinct Theory; Dynamics of Character Disorders and Impulse Neuroses; Child Analysis (Organized Observations of Children); Freud's Writings (Review of Dream Literature).

Third Year: Dynamics of the Perversions; Dynamics of the Psychoses; Clinical Conferences; Current Literature, Parts I and II; Freud's Writings;

Orientation in Psychosomatic Medicine; Modifications of Psychoanalytic Technique; Controversial Concepts Related to Psychoanalysis; Psychoanalysis and Related Fields (Art, Sociology, Anthropology, Criminology, Education).

The Institute has 41 candidates. Of these 18 are Seniors, 8 Intermediates, 8 Juniors, 4 are in the Service, and 3 accepted candidates have not yet begun their training.

THE NEW YORK PSYCHOANALYTIC INSTITUTE

247 East 82 Street, New York 28, N.Y.

Officers: Dr. Rudolph M. Loewenstein (*President*), Dr. Lillian Malcove (*Vice-President*), Dr. Marcus Schatner (*Secretary*), Dr. Abram Blau (*Treasurer*).

Board of Trustees: Dr. Rudolph M. Loewenstein (*Chairman*), Dr. Jacob A. Arlow, Dr. Samuel Atkin, Dr. David Beres, Dr. Abram Blau, Dr. Sara A. Bonnett (*ex-officio*), Dr. Charles Davison, Dr. Margaret E. Fries, Dr. Phyllis Greenacre (*ex-officio*), Dr. Dora Hartmann, Dr. Mary O'Neil Hawkins, Dr. Marion E. Kenworthy, Dr. Norvelle C. LaMar, Dr. Jean A. Luke, Dr. Lillian Malcove, Dr. Marcus Schatner, Dr. Isidor Silbermann, Dr. Leo Stone (*ex-officio*), Dr. Harry I. Weinstock.

Educational Committee: Dr. Sara A. Bonnett (*Chairman*), Mrs. Berta Bornstein, Dr. Franz S. Cohn, Dr. Arnold Eisendorfer, Dr. Phyllis Greenacre, Dr. Heinz Hartmann, Dr. Mary O'Neil Hawkins, Dr. Otto Isakower, Dr. Robert P. Knight, Dr. Edward Kronold, Dr. Rudolph M. Loewenstein (*ex-officio*), Dr. Ruth Loveland, Dr. Lillian Malcove (*ex-officio*), Dr. Annie Reich, Dr. Marcus Schatner (*ex-officio*), Dr. Leo Stone (*ex-officio*).

Treatment Centre: Dr. Leo Stone (*Medical Director*).

Teaching Staff of the New York Psychoanalytic Institute 1951–1952 [1]

Instructor Emeritus (appointed for life): Dr. Adolph Stern.

Instructors (appointed triennially): Dr. Samuel Atkin, Dr. Robert C. Bak, Dr. Sara A. Bonnett, Dr. Henry A. Bunker, Dr. Franz S. Cohn, Dr. Raymond de Saussure, Dr. Arnold Eisendorfer, Dr. Kurt Eissler, Dr. Ruth Eissler, Dr. Robert Fliess, Dr. Elisabeth R. Geleerd, Dr. George Gerö, Dr. P. Goolker, Dr. Raymond Gosselin, Dr. Phyllis Greenacre, Dr. Susanna S. Haigh, Dr. Fanny von Hann-Kende, Dr. Heinz Hartmann, Dr. Mary O'Neil Hawkins, Dr. Otto Isakower, Dr. Salomea Isakower, Dr. Edith Jacobson, Dr. Ludwig Jekels, Dr. Sidney Kahr, Dr. Sylvan Keiser, Dr. Robert P. Knight, Dr. Marianne Kris, Dr. Edward Kronold, Dr. Lawrence S. Kubie, Dr. Philip R. Lehrman, Dr. Bertram D. Lewin, Dr. Rudolph M. Loewenstein, Dr. Sandor Lorand, Dr. Ruth Loveland, Dr. Henry Lowenfeld, Dr. Margaret S. Mahler, Dr. Lillian Malcove, Dr. William Needles, Dr. Herman Nunberg, Dr. Annie Reich, Dr. Marcus Schatner, Dr. Herman Shlionsky, Dr. René A. Spitz, Dr. Emile Gordon Stoloff, Dr. Leo Stone, Dr. Bettina Warburg, Dr. Frederic S. Weil.

Lecturer: Dr. Ludwig Eidelberg.

Guest Instructors: Mrs. Berta Bornstein, Mr. Erik H. Erikson, Dr. Alfred Gross, Dr. Ernst Kris.

Number of Students: 124; Regular 114, Research 7, On Military Leave 2, On Leave of Absence 1.

Requirements for Admission

See Standards for Training, American Psychoanalytic Association.

Two years of full time psychiatric work with inpatients in a mental hospital recognized by the American Medical Association. It is considered preferable that the applicant be in residence during at least one of the two years.

Curriculum

A. *The Preparatory Analysis.* See Standards for Training, American Psychoanalytic Association.

Each student is required to have at least a year of analysis before starting theoretical courses. The student may begin courses as soon as the Educational Committee approves.

B. *Psychotherapy Work in the Treatment Centre.* In the Treatment Centre the student, in his first year of enrolment, does psychotherapy under the supervision of the staff. Diagnostic, prognostic and technical problems are discussed in weekly conferences.

A Study Group for the Development of Techniques of Psychoanalytic Psychotherapy is open to a limited number of fourth-year and fifth-year students and members. Participants should be interested in continued research in this problem. Generally stated, the work will consist of treatment of a small number of cases by participants, with detailed case presentations and group discussions, from the point of view of specific therapeutic techniques.

C. *Theoretical Instruction.* Theoretical instruction consists of a programme of lectures and seminars extending over a period of three years. This curriculum includes: (1) Reading Seminars, (2) Lectures and Seminars devoted to the psychoanalytic theory of the dream and dream interpretation and its application in clinical psychoanalytic work, (3) Continuous Case Seminars, and (4) Clinical Conferences.

D. *Supervised Psychoanalytic Treatment of Patients.* After completion of the first-year curriculum requirements, the Educational Committee, in

[1] Note: Instructors and guest instructors, in addition to giving courses at the Institute, are those authorized to conduct preparatory analyses and to supervise the clinical work of students. They are appointed for a three-year period. Lecturers are appointed annually to give courses at the Institute.

consultation with the analysing instructor, authorizes the student to begin supervised clinical work. The Committee on Students assists the student in making all arrangements for a supervising instructor.

The minimal requirements are the treatment of at least two adult patients. Each student is required to conduct the supervised analyses of two patients in the Treatment Centre. Each case is supervised by a different instructor. A student will continue supervised clinical work until he has attained a degree of competence sufficient for the practice of psychoanalysis.

Child Analysis

Those students who in their third year elect the three trimesters of Continuous Case Seminars in Child Analysis, and who intend to specialize in child analysis, will be required to take three further trimesters of Continuous Case Seminars in Child Analysis in the following year as well.

Those students who wish to complete the curriculum requirements in Child Analysis and thereby become eligible for a diploma will be required to take at least two child cases and one adolescent in supervision for two years. For this purpose, the supervising instructors in Child Analysis are: Mrs. Bornstein, Dr. Hawkins, Dr. M. Kris and Dr. Mahler.

All students and members are welcome to attend the courses irrespective of their intention to complete the requirements for a diploma.

DESCRIPTION OF COURSES

Professional School

First Year: Psychology and Pathology of Childhood: Dr. R. Eissler; The Theory of Instincts: Dr. Gerö; Reading Seminar: Dr. F. Weil, Dr. Needles, Dr. E. Klein; General Introduction to Psychoanalysis: Dr. de Saussure; Special Pathology of the Neuroses: Dr. Reich; The Dream: Dr. Kahr; General Pathology of the Neuroses: Dr. Eidelberg; Reading Seminar on Adolescence: Dr. Hawkins.

Second Year: Reading Seminar: Dr. Kronold; Lectures on Technique: Dr. Loewenstein; Selected Papers by Various Authors (Abraham, Ferenczi and others) and their relation to Freud's work: Dr. Fliess; The Place of the Dream in the Practice of Psychoanalysis: Dr. Isakower; Continuous Case Seminar: Dr. Malcove; The Psychoanalytic Theory of Psychoses: Dr. Bak.

Third Year: The Place of the Dream in the Practice of Psychoanalysis: Dr. Nunberg; Theory and Technique of Child Analysis: Mrs. Bornstein; Continuous Case Seminar in Child Analysis: Mrs. Bornstein; Seminar in Technique: Dr. E. Kris; Clinical Conferences: Dr. Atkin, Dr. Fliess, Dr. Gerö, Dr. Hawkins, Dr. Lowenfeld, Dr. Nunberg; Ego Psychology: Dr. E. Kris; Continuous Case Seminar: Dr. Jacobson; Problems of Psychosexual Development in the Male and Female: Dr. Greenacre; Problems in Interpretation: Dr. Lewin.

SCHOOL OF APPLIED PSYCHOANALYSIS

Lecturers: Grace McLean Abbate, M.D., Jacob A. Arlow, M.D., Samuel Atkin, M.D., Robert C. Bak, M.D., Berta Bornstein, Margaret Brenman, Ph.D., Henry A. Bunker, M.D., Raymond de Saussure, M.D., Ludwig Eidelberg, M.D., Ruth S. Eissler, M.D., Erik H. Erikson, Laci Fessler, M.D., Robert Fliess, M.D., Alfred Gross, M.D., Henry H. Hart, M.D., Emanuel Klein, M.D., Norvelle C. LaMar, M.D., Christine Olden, Annie Reich, M.D., Geza Roheim, Ph.D., Isidor Silbermann, M.D., Sidney Tarachow, M.D., Martin Wangh, M.D.

Guest Lecturers: Sidney Axelrad, Ph.D., William Evans, Ph.D., Nathan Leites, Ph.D., Warner Muensterberger, Ph.D., Martha Wolfenstein, Ph.D.

Courses

The Theory of Psychoanalysis—An Introduction –Basic Concepts: Dr. Laci Fessler; The Psychoneuroses: Dr. Martin Wangh; Character and Mechanisms of Defence: Dr. Samuel Atkin; Dynamics of Defence Mechanisms: Dr. Henry H. Hart; Freud's 'Introductory Lectures' (Reading Seminar): Dr. Isidor Silbermann; Seminar on Basic Papers: Dr. Emanuel Klein; Analytic Contributions to the Understanding of Literature: Dr. Henry A. Bunker; From a 'Textbook' of Psychoanalysis: Dr. Robert Fliess; A Case Study in the Application of Psychoanalysis to Politics: Dr. Nathan Leites; Psychoanalytic Approach to Society: Dr. Robert C. Bak, Dr. Sidney Axelrad, Dr. Raymond de Saussure; Psychoanalytic Anthropology: Dr. Warner Muensterberger; Psychoanalytic Aspects of Religion: Dr. William Evans, Dr. Sidney Tarachow, Dr. Jacob Arlow; Some Aspects of Wit, Humor, Comic and Æsthetic Experience: Dr. Sidney Tarachow, Dr. Annie Reich, Dr. Ludwig Eidelberg, Dr. Martha Wolfenstein.

PHILADELPHIA PSYCHOANALYTIC INSTITUTE

1701 Walnut Street, Philadelphia 3, Pennsylvania

The Philadelphia Psychoanalytic Institute is the training institution of the Philadelphia Psychoanalytic Society. It is conducted by the Board of Directors of the Society which constitutes the Board of Directors and the Educational Committee of the Institute. The Institute is recognized and approved by the American Psychoanalytic Association.

Board of Directors (The Educational Committee), 1951–1952: LeRoy M. A. Maeder, M.D. (*Chairman*), Kenneth E. Appel, M.D., Robert S. Bookhammer, M.D., Morris W. Brody, M.D., O. Spurgeon English, M.D., Leon J. Saul, M.D.

Faculty, 1951–1952

Instructors: Robert S. Bookhammer, M.D., Morris W. Brody, M.D., O. Spurgeon English, M.D., LeRoy M. A. Maeder, M.D., Leon J. Saul, M.D., Robert Waelder, Ph.D.

Instructor in Child Analysis (by invitation): Margaret S. Mahler, M.D.

Lecturers: Kenneth E. Appel, M.D., M. Royden C. Astley, M.D., Henry W. Brosin, M.D., Edward J. Carroll, M.D., Herbert Freed, M.D., Herbert H. Herskovitz, M.D., Beryl Jaffe, M.D., Earl A. Loomis, Jr., M.D., Norman Nixon, M.D., Ralph Ormsby, M.S., William H. Perloff, M.D., Ruben R. Pottash, M.D., Philip Q. Roche, M.D., Lauren H. Smith, M.D., Eleanor A. Steele, M.D., Edward Weiss, M.D.

Lecturers (by invitation): Marcella Vig Baldwin, Ph.D., Kathryn Buckner, M.D., Stuart M. Finch, M.D., H. Keith Fischer, M.D., William V. Fittipoldi, M.D., E. S. C. Ford, M.D., A. Victor Hansen, Jr., M.D., Elizabeth Kirk Rose, M.D., Selma Kramer, M.D., John W. Lyons, M.D., Vincent P. Mahoney, M.D., James T. McLaughlin, M.D., William L. Peltz, M.D., Lucy Schnurer, M.D., Brandt F. Steele, M.D., Anthony Wallace, Ph.D.

Instructors are authorized to conduct preparatory analyses and to supervise the clinical work of candidates. Instructors and lecturers are appointed annually.

Executive Director: O. Spurgeon English, M.D.

Director of the Clinic: Morris W. Brody, M.D.

Executive Assistant: Miss Mary M. Green.

The number of Candidates and Students as of October, 1951: Candidates for professional training in psychoanalysis, 64; Students in the psychoanalytic psychiatry and psychoanalysis of children and adolescents, 21 (of whom 10 are candidates in the Professional Training School); Students in educative analysis, 7; Students registered in the extension school courses, 42.

I. Didactic Analysis

Training Regulations and Requirements

Admission to Training in Psychoanalysis. See Standards for Training, American Psychoanalytic Association.

Curriculum

Preparatory Analysis and Theoretical Instruction. See Standards for Training, American Psychoanalytic Association.

Supervised Clinical Work. See Standards for Training, American Psychoanalytic Association.

The student may make his own selection of patients for supervised clinical work with the approval of the respective supervising instructors and the Chairman of the Educational Committee, or he may apply to the Director of the Clinic for suitable patients for supervised analysis. The student shall report the following in writing to the Chairman of the Educational Committee: the beginning of each supervised analytic case; the termination of supervision of each analytic case; the conclusion of the analysis and the outcome of the treatment of each case. The candidate should carry his first analytic case under supervision for at least six months before requesting permission from the Educational Committee to undertake further supervised clinical work. Before the completion of his psychoanalytic training, the student is required to conduct a minimum of four analyses under supervision, for at least two of which, and preferably for each, he shall have had fifty or more hours of supervised work with a supervising instructor, and in at least one of which he shall have brought the analysis to a successful therapeutic termination. It is desirable that additional therapeutic work be done under supervision. The student is to have at least three supervising analysts and a minimal total of 200 hours of supervision of analyses. The student's work must meet with the approval of the Educational Committee. Candidates are permitted to make their own arrangements for fees with patients, subject to the approval of the analysing instructor. Each student is expected to analyse at least two patients at low fees. The psychoanalysis of patients by a candidate, other than in supervised clinical work, shall be undertaken only with the express written permission of the Chairman of the Educational Committee for each analysis.

In general the wishes and decisions of the student will be followed, but the Educational Committee reserves the right of final decision regarding the choice of supervising instructors, selection of patients for analysis, fees charged to patients, etc.

Clinical Seminars. Clinical seminars encompass (*a*) continuous case presentations by students in Continuous Case Seminar, (*b*) group discussions of brief clinical presentations by students and faculty in Clinical Conferences, and (*c*) discussions of special problems and of technique. Clinical seminars are open to all students who have completed a major portion of theoretical instruction and are prepared to undertake supervised analyses. During the course of clinical seminars the student is required to make at least three presentations of clinical material from his own clinical experience. The student is obliged to continue to attend clinical seminars for the duration of his supervised clinical work and until he is admitted to membership in the Society.

Examinations

The student's theoretical understanding of basic psychoanalytic principles and their clinical application will be tested by oral and written examination by the teacher in the theoretical and clinical courses. The last session of each course, in whole or in part in the discretion of the teacher, will be devoted to the written final examination. The quality of the student's work in the presentation of cases in clinical seminars and in his supervised clinical work

with patients in analysis will receive critical evaluation and written report by the instructor and will constitute a check upon the adequacy of the preparatory analysis and of the student's mental adjustment.

Final Evaluation

Upon the completion of the required work in courses and in supervised clinical work, the student, with the approval of the Educational Committee, will prepare a paper of approximately twenty-five to thirty double-spaced typewritten pages on a patient whom he has analysed, or is analysing, in the course of his supervised clinical work. He is expected to make an adequate psychodynamic formulation of the case, to discuss the principal dynamic steps involved, to demonstrate his ability in dream interpretation and in the handling of resistances, transference and counter-transference, and to indicate his familiarity with psychoanalytic literature. The paper should be submitted to a Committee appointed by the Chairman of the Educational Committee. Upon acceptance of the paper, the committee will meet with the candidate to discuss the paper and to test in oral and/or written examination his knowledge of the theory and practice of psychoanalysis. Upon the basis of the committee's findings and report, the Educational Committee will nominate the candidate for membership in the Philadelphia Psychoanalytic Society or make specific recommendation for further training. The ultimate decision resides in the Educational Committee.

Description of Courses

Required

First Year: The History of Medical Psychology: Dr. Bookhammer; Basic Concepts of Psychoanalysis: Dr. Maeder; The Nature of Dreams: Dr. Astley; The Nature of Wit: Dr. Astley; Dream Interpretation: Dr. Jaffe; Manic-Depressive Psychosis; Schizophrenia; Paranoia: Dr. Appel; Seminar Discussion of Important Papers of Freud: Dr. Eleanor A. Steele; Seminar Discussion of Important Papers of Jones, Abraham and Ferenczi: Dr. Bookhammer.

Second Year: Technique of Analysis: Dr. English; Freud's Case Histories: Dr. Eleanor A. Steele; Pathological Formations—Hysterical, Obsessive-Compulsive and Traumatic Neuroses: Dr. Jaffe; Personality Disorders, Delinquency and Perversions: Dr. Roche. Clinical Dream Interpretation: Dr. Saul; Continuous Case Seminar: Dr. English, Dr. Brody.

Third Year: Clinical Conferences: Dr. Freed, Dr. Roche, Dr. Bookhammer, Dr. Eleanor A. Steele, Dr. Herskovitz; Continuous Case Seminar: Dr. English, Dr. Brody; Cultural and Group Psychology: Dr. Freed; Psychoanalysis and Social Institutions: Dr. Wallace; Critique of Theories of Psychoanalysis: Dr. Saul.

Electives

Elements of Psychodynamics—Clinical Conferences; Psychoanalysis and Religion; Review of Current Psychoanalytic Literature; Problems of Psychoanalytic Technique; Levels of Development and Character Formation; The Theories of Personality and the Projection Techniques; A Study of Certain Aspects of the Character: The Voice, Mannerisms of Speech, Figures of Speech, Laughter and Posture.

II. The Psychoanalytic Psychiatry and Psychoanalysis of Children and Adolescents

This curriculum is provided for students in the Professional School of the Philadelphia Psychoanalytic Institute who desire to learn the psychoanalytic psychiatry and psychoanalysis of children and adolescents. Personal analysis and a general knowledge of the psychodynamics and psychoanalysis of adult patients are required. The courses are integrated with other theoretical courses offered in the Institute. The curriculum covers a total period of five years and may be undertaken and completed concurrently with or subsequent to professional training in psychoanalysis. The student may initiate the curriculum when he is eligible to begin theoretical instruction in the Professional School. Any student in the Professional School may undertake courses in this curriculum as electives and is advised to avail himself liberally of this opportunity; students in Educative Analysis and other qualified persons may register for selected courses in line with their experience and interests upon consultation with the Chairman of the Educational Committee.

First and Second Years: Psychoanalytic Psychiatry of Children and Adolescents.

Third Year: Psychoanalysis of Children and Adolescents; Psychoanalytic Psychiatry of Children and Adolescents.

Fourth and Fifth Years: Psychoanalysis of Children and Adolescents.

III. Educative Analysis

This curriculum is designed (*a*) for physicians not specializing in psychiatry and (*b*) for scientific workers with professional qualifications in related fields. It is offered to physicians and members of the related professions and scientific disciplines in order to promote the application of psychoanalytic knowledge and skills to medicine and the related sciences and professions and to stimulate joint research in psychoanalysis. It does not apply to persons who intend to become psychiatrists or psychoanalysts.

Extension School of the Philadelphia Psychoanalytic Institute

The Extension School offers informative courses on the data obtained by psychoanalytic research

concerning the dynamics of the psyche and of human behaviour in the child and the adult, which may be of value to teachers, social workers, lawyers, ministers, nurses, psychologists and members of other professional groups who desire to utilize the knowledge of psychoanalysis in the theory and practice of their respective fields of endeavour. These courses are available as elective courses to candidates in training in the Professional School.

Eligibility to register for any course will be determined on the basis of the applicant's professional training, interest, and current activities. Applicants are required to submit a brief statement on these points when applying for registration.

Personality Formation and Functions; Social Work; Social Institutions; Criminology; Religion; Medicine; Psychoanalytic Psychiatry.

PSYCHOANALYTIC INSTITUTE OF THE STATE UNIVERSITY MEDICAL CENTRE AT NEW YORK

606 Winthrop Street, Brooklyn 3, N.Y.

Faculty

Howard W. Potter, M.D., Professor, State University College of Medicine, Director of Psychiatry, Kings County Hospital.

Executive Committee on Graduate Training in Psychoanalytic Medicine: Sandor Lorand, M.D., Mark Kanzer, M.D., Richard Frank, M.D., Sylvan Keiser, M.D.

Committee on Psychoanalytic Education: Sylvan Keiser, M.D. (*Chairman*), Mark Kanzer, M.D. (*Secretary*), Ludwig Eidelberg, M.D., Richard Frank, M.D.

Sandor Lorand, M.D., Richard Frank, M.D., Sylvan Keiser, M.D., Ludwig Eidelberg, M.D., Mark Kanzer, M.D., Jan Frank, M.D., William Needles, M.D., Paul Goolker, M.D., Eugene Milch, M.D., Max Schur, M.D., Otto Sperling, M.D., Melitta Sperling, M.D., Edward Liss, M.D., Clarence Oberndorf, M.D., Warner Muensterberger, Ph.D., Henry Hall, M.D., Jacob Arlow, M.D., Joseph J. Miller, M.D., Abraham Fabian, M.D.

Programme of Courses

First Year: Clinical Psychoanalytic Psychiatry (Childhood and Adolescence): Dr. R. Frank, Dr. Liss, Dr. Fabian; Clinical Psychoanalytic Psychiatry (Adult): Dr. Kanzer; Concepts of Psychoanalysis: Dr. Lorand, Dr. Otto Sperling; Interpretation of Dreams: Dr. Kanzer; Reading Seminar (Childhood and Adolescence): Dr. Melitta Sperling; Supervised Conferences in Analytically Oriented psychotherapy: Dr. R. Frank, Dr. J. Arlow, Dr. Hall, Dr. Fabian, Dr. M. Sperling, Dr. Miller; Reading Seminar: Dr. M. Schur, Dr. O. Sperling.

Second Year: Clinical Psychoanalytic Psychiatry (Learning and Reading, etc.): Dr. Fabian, Dr. Liss, Dr. R. Frank; Anthropology: Dr. Muensterberger; Analytically Oriented Psychotherapy, Supervised Conferences: Dr. Kanzer, Dr. M. Sperling, Dr. Fabian, Dr. R. Frank, Dr. Schur; Introduction to Technic of Psychoanalysis: Dr. Lorand; Continuous Case Seminars: Dr. Lorand; Clinical Practice of Therapy with Children and Adolescents: Dr. R. Frank, Dr. M. Sperling; History and Development of Psychoanalysis: Dr. Oberndorf; Reading Seminars: Dr. Milch, Dr. O. Sperling; Interpretation of Dreams: Dr. Eidelberg.

Third Year: The Technique of Psychoanalysis: Dr. Lorand; Psychoanalytic Therapy of Patients in Psychoanalytic Clinic; Continuous Case Seminars: Dr. Keiser; Seminar in Dream Interpretation: Dr. Keiser; Scientific Methodology: Dr. Eidelberg, Dr. R. Frank; Reading Seminars: Dr. Needles, Dr. Goolker; Clinical Conferences: Dr. J. Frank, Dr. R. Frank; Clinical Practice of Advanced Therapy with Children and Adolescents: Dr. R. Frank, Dr. M. Sperling.

TOPEKA INSTITUTE FOR PSYCHOANALYSIS

3617 West 6th Avenue, Topeka, Kansas

The Institute has 7 members.

There are 44 candidates enrolled.

Education Committee: Karl A. Menninger, M.D. (*Director*), Rudolf Ekstein, Ph.D. (*Executive Assistant*), Otto Fleischmann, Ph.D., Hugh M. Galbraith, M.D., Robert Jokl, M.D., Hellmuth Kaiser, Ph.D., William C. Menninger, M.D.

Faculty

Analysing Instructors: Rudolf Ekstein, Ph.D., Otto Fleischmann, Ph.D., Hugh M. Galbraith, M.D., Robert Jokl, M.D., Hellmuth Kaiser, Ph.D., Karl A. Menninger, M.D., William C. Menninger, M.D.

Lecturers and Seminar Leaders: Paul Bergman, Ph.D., George Devereux, Ph.D., Edward D. Greenwood, M.D., Louisa Holt, Ph.D., Robert Holt, Ph.D., Martin Mayman, Herbert Modlin, M.D., Albert Owers, M.D., Lewis L. Robbins, M.D., Sidney Rubin, M.D., Benjamin Rubinstein, M.D., Donald Watterson, M.D.

Regulations and Requirements

The professional school of the Institute offers training in psychoanalysis to physicians and to specially qualified members of allied professions.

Admission to Training

Medical Applicants. See Standards for Training of the American Psychoanalytic Association.

Non-Medical Applicants. Psychoanalytic training is offered to members of the allied professions (anthropologists, nurses, psychologists, sociologists,

social workers, teachers, etc.) who do not intend to practise psychoanalysis, in order to develop specialized applications of psychoanalysis within the various professional skills, to stimulate research in psychoanalysis and to insure the development of psychoanalytic knowledge.

Prerequisites: (1) The applicant must have received a professional degree in his field of specialization from a graduate school accredited by his American professional association or a foreign school of equal rating. (2) If the field of specialization or application of psychoanalysis includes the area of clinical problems, the applicant will be required to have served a specialized interneship or residency in a clinical setting approved by the American Medical Association or the equivalent in a foreign clinical setting. (3) Before enrolment, the applicant will be required to pledge in writing that he will not conduct independent psychoanalytic practice nor will he represent himself as a practitioner of psychoanalysis. He will pledge further not to undertake therapeutic work except by special authorization in a recognized clinical setting.

Enrolment. The screening procedures are designed to afford the Education Committee a preliminary estimate as to the applicant's suitability for psychoanalytic training. Applicants will be notified of the Committee's decision and will be given an opportunity to discuss the decision with a member of the Education Committee. For those applicants who are considered suitable for psychoanalytic training, the Educational Committee will appoint an analysing instructor to conduct the personal analysis when time becomes available. The applicant will then be enrolled as a Trial Candidate. During the period of trial candidacy, the student will not be permitted to attend any of the courses or seminars. After a trial candidacy of not less than six months, the student may be granted the status of Conditional Candidacy, upon the recommendation of his analysing instructor and the concurrence of the Education Committee. At this time, he will enrol in the course offered for the first year.

Curriculum

Preparatory Analysis and Theoretical Instruction: See Standards for Training, American Psychoanalytic Association.

Supervised Clinical Work: The student may not represent himself as a psychoanalyst until he is an active member of a psychoanalytic society. He may conduct psychoanalytic treatment only with the authorization of the Education Committee for each case.

The student may be authorized to begin supervised psychoanalytic treatment when his analysing instructor and the Education Committee agree that he has advanced sufficiently to warrant the beginning of such work. As a rule, the student will be required to have completed the first year of theoretical instruction before the Education Committee will consider a recommendation that he begin supervised clinical work. Each such recommendation will, however, be considered on its own merits.

The supervising instructor will be assigned by the Education Committee. The instructor chosen to supervise the clinical work shall, in the beginning, not be the instructor who has conducted the preparatory analysis.

As a rule, the student will be required to treat four patients with supervision for not less than one year in each case.

Opportunities for supervised clinical work will be made available to certain of the non-therapeutic affiliates when the Education Committee considers such work necessary to their training.

Clinical Conferences. These will include continuous case seminars and group discussions of clinical material reported by the students. Each student will be expected to make several presentations in the course of these clinical conferences.

Student Status

Candidacy. After completing the first year of theoretical instruction and having begun attendance at a continuous case seminar and other clinical conferences, the student may be appointed to candidacy upon the recommendation of his analysing instructor and the concurrence of the Education Committee. With the appointment to candidacy, the student may begin his supervised clinical work.

Endorsement

When the student has satisfactorily completed the required work of the curriculum, he will be examined by the Education Committee. The examination will be designed to evaluate the student's theoretical knowledge, his clinical skill and his ability to apply his theoretical knowledge to clinical and other fields.

The student will also be required to prepare a thesis of approximately thirty double-spaced typewritten pages. The thesis will be based on psychoanalytic study by the student of some clinical or theoretical problem. The thesis will be submitted to the Education Committee who may ask the student to appear for further examination on the paper.

If the Committee considers that the student has evidenced fundamental understanding of the theory, practice and application of psychoanalysis, they will endorse him to the Psychoanalytic Society as having satisfactorily completed his training. The Society may then elect him to active membership.

Courses of Instruction

First Year: Personology—Developmental and Descriptive: Dr. Karl Menninger, Mr. Martin Mayman; Reading Seminar I—Freud's Writing

to 1914: Dr. Albert Owers; Reading Seminar II—Freud's Writing, 1915–1920: Dr. Sidney Rubin; Reading Seminar III: Dr. Otto Fleischmann; The Special and General Pathology of the Neuroses: Dr. Robert Jokl; Psychoanalytic Technique I: Dr. Karl Menninger; Psychoanalytically Oriented Psychotherapy: Dr. Rudolf Ekstein; Child Psychiatry: Dr. Edward Greenwood, Dr. Rudolf Ekstein *et al.*; Psychological Projective Testing: Mr. Martin Mayman.

Second Year: Continuous Case Seminar: Dr. Hellmuth Kaiser and Dr. Otto Fleischmann; Reading Seminar—Freud's Writings from 1921–1939: Dr. Lewis Robbins; Reading Seminar—Metapsychology: Dr. Benjamin Rubinstein; Reading Seminar—Ego Psychology: Dr. Donald Watterson; Child Analysis I: Dr. Rudolph Ekstein; Child Analysis II: Dr. Rudolph Ekstein; Psychoanalytic Technique II: Dr. Karl Menninger; The Dream, Theory and Technique of Dream Interpretation: Dr. Rudolf Ekstein; Psychoanalytic Theory of Psychopathology: Dr. William Rottersman, Dr. Herbert Modlin *et al.*

Third Year: Continuous Case Seminar: Dr. Rudolf Ekstein, Dr. Robert Jokl; Reading Seminar—Current Contributions: Dr. Karl Menninger; Reading Seminar—Historical Survey of Divergent Movements in Psychoanalysis: Dr. Paul Bergman; Psychoanalytic Technique III: Dr. Hellmuth Kaiser; Research in Psychoanalysis (Thesis Seminar); Special Problems.

Electives

Each student will be expected to attend at least three electives during the three years.

Certain of these courses deal with the interrelationship of psychoanalytic knowledge with knowledge of other fields, while others deal with the application of psychoanalytic knowledge to an investigation of various subjects.

Psychoanalysis in Relation to General Psychiatry: Dr. W. C. Menninger *et al.*; Psychoanalysis and Sociology: Dr. Louisa Holt; Psychoanalysis and Anthropology: Dr. George Devereux; Psychoanalysis and Other Schools of Psychology (Theory of Personality): Dr. Robert Holt; Psychoanalysis and Religion: Dr. Karl Menninger; Psychoanalysis and its Contribution to the Understanding and Treatment of Psychosis; Continuous Case Seminar in Child Analysis: Dr. Rudolf Ekstein; Psychoanalysis and the Study and Treatment of Delinquency: Dr. Otto Fleischmann; Psychoanalytic Study of Myth and Fairy Tales: Dr. Karl Menninger; Psychoanalytic Study of Wit and Humour: Dr. Albert Owers; Psychoanalytic Study of Literature: Dr. Hellmuth Kaiser; Psychoanalysis and Philosophy: Dr. Rudolf Ekstein; Psychoanalytic Study of Psychotherapeutic Methods.

THE WASHINGTON-BALTIMORE PSYCHOANALYTIC INSTITUTE

Ernest E. Hadley (*Director*), Lewis B. Hill (*Director Emeritus*), Philip S. Wagner (*Secretary*), Robert T. Morse (*Treasurer*).

The Institute Committee: A. Russell Anderson, Dexter M. Bullard, Rex E. Buxton, Robert A. Cohen, J. G. N. Cushing, Edna G. Dyar, Ernest E. Hadley, Hans W. Loewald, Francis McLaughlin, Robert T. Morse, Sarah S. Tower, Philip S. Wagner, Edith Weigert.

Officers: The Local Education Committees. *Baltimore, Md.:* Philip S. Wagner (*Chairman*), Francis McLaughlin (*Secretary-Treasurer*), A. Russell Anderson (*Chairman of Admissions*). *Washington, D.C.:* Edith Weigert (*Chairman*), Robert A. Cohen (*Secretary-Treasurer*), Rex E. Buxton (*Chairman of Admissions*).

Faculty

Supervising and Training Analysts: A. Russell Anderson, M.D., Samuel Barkoff, M.D.,[1] Dexter M. Bullard, M.D., Rex E. Buxton, M.D., Mabel B. Cohen, M.D., Robert A. Cohen, M.D., Anna C. D. Colomb, M.D.,[1] Lucile Dooley, M.D., Edna G. Dyar, M.D., Andrew Browne Evans, M.D., Frieda Fromm-Reichmann, M.D., Ernest E. Hadley, M.D., Alexander Halperin, M.D., Lewis B. Hill, M.D., Marjorie Jarvis, M.D., Francis McLaughlin, M.D., Robert T. Morse, M.D., Olive Cushing Smith, M.D., Amanda Stoughton, M.D., Sarah S. Tower, M.D., Jenny Waelder-Hall, M.D., Philip S. Wagner, M.D., Edith Weigert, M.D., Winifred G. Whitman, M.D.

Training Analyst: Hans W. Leowald, M.D.

Teaching Analysts: Agnes Greig, M.D., Jerome Hartz, M.D., Ruth W. Lidz, M.D., H. Whitman Newell, M.D., Douglas Noble, M.D., Stanley L. Olinick, M.D., Norman H. Rucker, M.D.

Visiting Lecturers: David F. Aberle, Ph.D., Gregory Zilboorg, M.D.

Instructors: Robert C. Burnham, M.D., Jarl Dyrud, M.D., G. Samuel Ingalls, M.D., Samuel Novey, M.D., Edward Ohaneson, M.D., Mary J. White, M.D., Leon Yochelson, M.D.

The Baltimore Division has 34 candidates in active training; 3 are on leave to the Armed Services.

The Washington Division has 72 candidates in training.

The Washington-Baltimore Psychoanalytic Institute was organized in 1933 by the Washington-Baltimore Psychoanalytic Society in accordance with the regulations and standards of the American Psychoanalytic Association for the conduct of Approved Training Institutes.

Since the separate organization of the Baltimore Psychoanalytic Society and the Washington Psycho-

[1] Samuel Barkoff, M.D., and Anna C. D. Colomb, M.D., listed as Supervising and Training Analysts, continue their designated status in the approved New Orleans Psychoanalytic Study Group, under the sponsorship of The Washington-Baltimore Psychoanalytic Institute.

analytic Society in 1946, the Institute operates under the general supervision of an Institute Committee and the detailed supervision of local educational committees in Baltimore and in Washington.

Admission to Training in Psychoanalysis. See Standards for Training, American Psychoanalytic Association.

Educational Programme. Preparatory Analysis and Theoretical Training. See Standards for Training, American Psychoanalytic Association.

Supervised Clinical Work. The student's readiness to begin supervised work is determined by the respective educational committees of the Institute and may be undertaken only upon such recommendation.

Before the completion of his analytic training, the student is required to conduct a minimum of four analyses under supervision. At least two patients used for supervised analysis shall be seen five times per week optimum, and four times minimum, with the exception only that alterations in this schedule may be recommended by the supervising analyst for therapeutic reasons. The student is to have at least two supervising analysts, preferably three.

In Washington, D.C., when the student has completed his required work, and a consensus has been reached by those who have participated in his training regarding its adequacy, the Education Committee will invite him to consult with one of his supervising analysts in the selection of a suitable case for presentation. He will then prepare a clinical paper regarding the course of his work with a patient whom he has treated and will avail himself of the advice of his supervising analyst during this preparation. He will submit a copy of this to each member of a designated subcommittee which will include the analyst who supervised the case. He will then present this report to an examining panel of three members of the Education Committee.

Community Psychoanalytic Service. Each student in Washington, D.C., is expected to conduct the supervised psychoanalytic treatment of at least one patient referred to him by the Community Psychoanalytic Service prior to graduation from the Institute. Such patients shall be selected from local mental hygiene clinics co-operating with the Institute. Such patients shall have been carefully screened by the Service.

While patients shall ordinarily pay small fees to the student, these shall be returned by the student to the Washington Education Committee of the Institute. The Institute shall arrange supervision for the student at no cost to him.

The Required Curriculum. The required curriculum of the Washington-Baltimore Psychoanalytic Institute conforms to the standards of the American Psychoanalytic Association for the training of physicians in psychoanalysis.

BALTIMORE

First Year: Basic Concepts of Psychoanalysis: McLaughlin; Basic Literature of Psychoanalysis: Smith, Novey.

Second Year: Pathological Formations: Hill; The Literature of Psychoanalysis: Anderson, McLaughlin, Ingalls; Scientific Method: Hadley; The Theory and Technique of Dream Interpretation: Hadley; Introduction to the Technique of Psychoanalysis: Hill; The Continuous Case Seminar: Anderson; Clinical Conference: Hill.

Third Year: The Technique of Psychoanalysis: Tower; Seminar on Current Literature: Loewald; Seminar on Dreams: Hadley; Applied Psychoanalysis—Cultural Anthropology: Aberle; Continuous Case Seminar: Anderson; Lecture-Discussions on Psychoanalysis as Applied to Children: Waelder-Hall.

Advanced Students and Associates: Applied Psychoanalysis—The Spheres of Psychoanalytic Influence: Gregory Zilboorg; Continuous Case Seminar: Wagner; Clinical Conferences for Associates: Hill.

For Physicians not Training to Practise Psychoanalysis and Other Interested and Qualified Persons

Psychotherapy as an Aid in Medical Practice; Psychotherapeutic Principles in Medical Practice; Cultural Anthropology: Aberle.

WASHINGTON

First Year: Basic Concepts of Psychoanalysis: Robert A. Cohen; Basic Literature of Psychoanalysis—A Seminar: Olinick, assisted by R. Burnham, Dyrud; The Interpretation of Dreams—A Seminar: Noble.

Second Year: Pathological Formations: Hill; The Literature of Psychoanalysis: Olinick, assisted by Ohaneson; Scientific Method: Hadley; The Theory and Technique of Dream Interpretation: Hadley; Introduction to the Technique of Psychoanalysis: Buxton; The Continuous Case Seminar: Bullard, Buxton, Dyar, Whitman; Clinical Conference: R. Cohen, Halperin, Noble, Morse.

Third Year: The Technique of Psychoanalysis: Weigert; The Current Literature of Psychoanalysis: Olinick, assisted by Yochelson, White; Seminar on Dreams: Hadley; Applied Psychoanalysis—The Spheres of Psychoanalytic Influence: Gregory Zilboorg; The Continuous Case Seminar: Bullard, Buxton, Dyar, Whitman; Clinical Conference: R. Cohen, Halperin, Noble, Morse; Child Analysis: Greig.

Advanced Students: Applied Psychoanalysis—The Spheres of Psychoanalytic Influence: Gregory Zilboorg; The Continuous Case Seminar: Fromm-Reichmann; Clinical Conference: Jarvis.

TRAINING ACTIVITIES OF THE COMPONENT SOCIETIES OF THE INTERNATIONAL PSYCHO-ANALYTICAL ASSOCIATION IN SOUTH AMERICA

ARGENTINE PSYCHOANALYTIC ASSOCIATION

(*Asociacion Psicoanalitica Argentina*)

Juncal 655, Buenos Aires

Courses and Seminars

Commentaries on Freud's Work: Dr. Celes Ernesto Cárcamo; Freud's Clinical Case Histories: Dr. Angel Garma; Collective Control of Cases: Dr. Maria Langer; Child Analysis: Mrs. A. A. de Pichon-Riviere; Psychoanalytic Characterology: Dr. Enrique Pichon-Riviere; Psychoanalytic Anthropology: Dr. Enrique Racker; Theory and Technique of Interpretation: Dr. Arnaldo Rascovsky; Psychoanalytic Psychiatry (held in the Munoz Foundation): Dr. Enrique Pichon-Riviere; Psychoanalytic Viewpoint in Endocrinology—Psychodynamic Expressions on the Endocrine Level (held in the Argentine Medical Association): Dr. Arnaldo Rascovsky.

Number of Candidates: In preparatory analysis, 18; conducting case work under supervision, 14.

Dr. Alberto Tallaferro gave a course for physicians and medical students on Basic Elements of Psychoanalysis and the Etiology of Neuroses and Psychoses and Concepts of Psychosomatic Medicine.

Dr. E. Eduardo Krapf gave a course on Medical Psychology at the Faculty of Medicine of Buenos Aires, as well as a Free Course on Psychiatric Clinic.

BRAZIL PSYCHOANALYTIC SOCIETY (SAO PAULO)

(*Sociedade Brasileira de Psicanalise*)

Rua Araujo, 165–Apto 50, Sao Paulo, Brazil

Institute Report

Training Analysts: Dr. Adelheid Koch, Dr. Theon Spanudis.

Number of candidates: 9.

Dr. Spanudis started his work with six candidates. One candidate has finished his training analysis with Dr. Koch and is doing supervised work. One gave up her training analysis after one year. One has finished theoretical instruction and is proceeding with her training analysis and supervision. One candidate has just begun training analysis with Dr. Koch.

CHILEAN PSYCHOANALYTIC SOCIETY

Institute Report

Training Committee: Dr. Ramon Ganzarain, Dr. Adelaida Segovia de Lanas, Dr. Ignacio Matte-Blanco, Dr. Arturo Prat, Dr. Sergio Rodriguez, Dr. Carlos Whiting.

This year it was decided not to form the third year of studies at the Institute, and in consequence the students were left in the first and second year.

The *supplementary curriculum* for the *first year* —in other words, the continuation of last year's programme—was: Introduction to Psychoanalysis (continuation); Mechanisms of Defence; Introduction to Technique; Metapsychology.

The *course supplement* to the *second year* was: Pathology of the Neuroses (continuation); Practical Seminar; Introduction to the Literature of Abraham, Ferenczi and Jones.

There are 21 regular members of the course.

TRAINING ACTIVITIES OF THE COMPONENT SOCIETIES OF THE INTERNATIONAL PSYCHO-ANALYTICAL ASSOCIATION IN EUROPE AND ASIA

DUTCH PSYCHO-ANALYTICAL SOCIETY 1951–1952

There are 38 candidates in training. A candidate provisionally accepted by the training committee starts his personal analysis which usually covers a period of two to four or more years.

The point of time of admission to the theoretical lectures depends on the progress made in the candidate's personal analysis. It varies from several months to one or more years.

Theoretical training covers a period of three years.

Programme of Lectures

First Year: Short Survey of Psycho-Analysis; Freud's Theory of Dreams; Freud's Three Essays on the Theory of Sexuality; On Hysteria; On Obsessional Neuroses.

Second Year: Orientation in Psycho-Analytical Literature; On Technique; On Perversions; Œdipus and Castration Complex; Character Disturbances; Theoretical Papers of Freud.

Third Year: General Theory of Neuroses; Deviations from Psycho-Analysis (Jung, Adler, Horney, Reich, etc.); Totem and Taboo; On Psychotherapy; Indications for Psycho-Analytic Treatment; The Neurotic Family; Development of Psycho-Analysis during the last Decades.

In addition, there are practical seminars for adult and child analyses.

Training Analysts: R. le Coultre, Rh. Feith, H. Lampl, Jeanne Lampl-de Groot, H. A. van der Sterren, H. G. van der Waals.

Training Committee: R. le Coultre, Rh. Feith, Jeanne Lampl-de Groot (*Secretary*), P. J. van der Leeuw, H. G. van der Waals.

INSTITUTE OF PSYCHO-ANALYSIS (LONDON)

63 New Cavendish Street, London, W.1

Telegrams: Psychan, London

Training in Psycho-Analysis

Training Committee (1950–1951): William H. Gillespie, M.D., M.R.C.P., D.Psych. (*Chairman*), Donald W. Winnicott, M.A., F.R.C.P., M.R.C.S. (*Secretary*), Michael Balint, M.D., Ph.D., M.Sc., L.R.C.P., L.R.C.S., Anna Freud, Willi Hoffer, M.D., Ph.D., L.R.C.P., L.R.C.S., L.R.F.P.S., Melanie Klein (Mrs.), John Rickman, M.A., M.D.

(1) *General.* Training of students in the practice of psycho-analysis is organized and controlled by the Training Committee, working in conjunction with the International Psycho-Analytical Training Commission. The training is limited to students approved by the Training Committee. On completing the course to the satisfaction of the Committee, students are recommended for election to Associate Membership of the Society.

(2) *Previous Experience and Qualifications.* Only applicants having a medical degree (or undergoing medical training) and lay persons with a University degree or its equivalent who also have suitable experience are eligible for consideration.

(3) *Selection.* Eligible applicants are required to complete an application form giving two references, and to be interviewed by at least two members of the Training Committee. An applicant accepted at this stage is passed for a probationary period of training of from six to twelve months. Thenceforward, if recommended for registration as a student his rejection is unlikely provided he carries through with the course, though the Committee reserves to itself the right to suspend or terminate the training of any student, at any stage, should he prove unsuitable for any reason. Students aged forty and over are accepted only in exceptional circumstances.

(4) *Training Course.* The course, which may be started at any time of the year, lasts approximately four years. Although part-time, it eventually involves attendance on five days a week at the Institute. For the first two years it is compatible with full-time employment in the London area; during the latter two, with rather less than full-time employment.

The training consists of:

(*a*) A Personal Analysis conducted by an analyst approved by the Committee. Five sessions per week of fifty minutes each are required, beginning when the student starts training and carried on at least over the four years. The Training Committee makes every effort to arrange for students to be analysed by the analyst of their choice. Students are therefore invited to name in order of preference analysts whom they would choose.

(*b*) A three-year course of Lectures and Seminars. This is usually begun six to eighteen months after the student has started his personal analysis. All lectures and seminars are given in the evenings (8–10 p.m.), and require attendance on two evenings per week during term time. Attendance is compulsory, though in special cases exemption may be given on written application to the Training Secretary. The syllabus is designed to give all students a common course in theoretical principles whilst permitting of two parallel courses of practical seminars. These parallel courses, designated Course A and Course B respectively, represent two somewhat different approaches to the teaching of the subject; students are free to choose which they wish to attend. It will be noted that in the third year there are eighteen practical seminars given by analysts with various kinds of point of view, and these are attended by all students. This is to ensure that senior students of each of the parallel courses shall have an opportunity to hear a variety of opinions expressed and discussed.

Members of the Institute may not attend students' lectures and seminars. Associate Members may attend lectures but may not attend seminars without written permission of the Training Committee.

(*c*) Analysis of Patients at the Clinic under the supervision of analysts approved by the Training Committee. A student as a rule begins the analysis of his first patient towards the end of his first year of lectures and seminars, that is to say when his personal analysis has been in progress two years or more. The patient receives treatment five times a week, and the student discusses the progress of the case each week with his supervising analyst. The treatment of a second patient is begun later under similar conditions, but with a different supervising analyst. Students are required to complete not less than two years' clinical work under supervision before being eligible to be considered for qualification. The analyst undertaking the student's personal analysis does not undertake the supervision of his cases.

(*d*) Students who are medically qualified are required to complete not less than twelve months' half-time work in a mental hospital or psychiatric out-patient clinic; half of this experience may be in child psychiatry. Students who are not medically qualified are required to obtain analogous experience, e.g. as clinical psychologists, psychiatric social workers, or in similar capacities.

The minimum length of the training is four years, but this varies with individual students. It depends particularly on the course of the student's personal analysis and also, to some extent, on previous knowledge and experience of psychology and psychiatry.

(5) *Supplementary Training in Child Analysis.* Those wishing to train in child analysis are required, in addition to completing the general course, to undertake the analysis of three children, aged about 2–5, 6–12 and 13–17 years respectively, under supervision, over a period lasting not less than 18 months. This may be begun not less than a

year after the student has begun treating adult cases under supervision on the recommendation of the student's training and supervising analysts.

(6) *Fees.* Fees, which are payable to the Institute, are as follows:

Personal Analysis for British students domiciled in the United Kingdom: Minimum fee 1½ guineas (approximately £350 p.a.).

Lectures and Seminars: Three guineas per term's course of eight Lectures and 2 guineas per term's course of eight Seminars (approximately £25 p.a.).

Clinical Work under Supervision: The fee paid to the supervising analyst will be the same as that paid for personal analytic sessions.

The Institute is able to help a few particularly well qualified students with loans or grants.

(7) *Students from Overseas.* Nationals of countries in which there is already a training Institute cannot be considered for training unless the training Institute of their country concurs.

The selection procedure for overseas students will be identical with that for students from the U.K. Notwithstanding this, provisional acceptance may be given if sufficient evidence is available.

Students will not be accepted unless they can give assurance that they will be able to complete the whole course of training. Should a satisfactory arrangement be made to enable them to complete their training in another country, students from overseas may be accepted for training providing they can complete not less than two years in this country.

Overseas analysts wishing to come to London to undertake further training can be admitted as post-graduate students at the discretion of the Training Committee.

(8) *Obligation.* All students are required to sign an obligation not to call themselves psycho-analysts until they are elected Associate Members of the Society. The Institute, however, makes no attempt to restrict in any way the medical practice or technique of its medically qualified students.

(9) *Status of Lay Analysts.* Analysts who are not registered as medical practitioners by the General Medical Council are elected to Associate Membership and Membership of the Society on condition that they undertake to treat only patients referred to them by medical practitioners, medical responsibility being retained in each case by a medical practitioner.

(10) *Lectures to Medical Practitioners and the Public.* From time to time courses of lectures on the application of psycho-analysis to medical and social problems are given by members of the Institute. Certain courses are for medical practitioners and medical students; others are open to a wider public.

Report of the Training Committee for the Year ended June 30, 1951

Meetings and Attendances. The Training Committee has held 12 ordinary meetings during the year.

Students in Training. On June 30, 1950, there were 59 students in training. Of these 11 have finished their training during the year.

The number of students in training on June 30, 1951, is 57. Three students resigned during the year, one of whom resigned before starting training.

The 45 students attending lectures and seminars were distributed as follows at the end of June: First year, 19; Second year, 14; Third year, 12.

Post-Graduate Students. There are 12 students of child analysis, of whom 7 are Associate Members and 5 are students. During the year one was qualified as a child analyst.

Appointment of Analysts. During the year Miss Hedwig Schwarz was recognized for training.

On June 30, 1951, the following 25 analysts were carrying out training and supervision: Dr. Balint, Mrs. Burlingham, Miss Evans, Dr. Flugel, Dr. Foulkes, Miss Freud, Dr. Gillespie, Dr. Heimann, Dr. Hoffer, Mrs. Hoffer, Mrs. Klein, Dr. Lantos, Dr. Little, Mrs. Milner, Dr. Payne, Dr. Rickman, Mrs. Riviere, Mrs. Ries, Mrs. Rosenfeld, Dr. Rosenfeld, Miss Schwarz, Dr. Scott, Dr. Stephen, Dr. Thorner, Dr. Winnicott.

Number of students in analysis, 55; number of students under supervision, 65.

List of Lectures and Seminars Delivered During Year ended June 30, 1951

Autumn Term 1950: Miss Freud: 8 Lectures on 'The Principles of Psycho-Analysis', first year; Dr. Hoffer: 5 Seminars, first year; Mrs. Milner: 5 Seminars, first year; Dr. Lantos: 8 Lectures on Clinical Psycho-Analysis, 'Neuroses', second year; Dr. Heimann: 8 Seminars, Course A, second year; Mrs. Hoffer: 8 Seminars, Course B, second year; Dr. Balint, Dr. Flugel, Dr. Hoffer and Dr. Scott: 8 Lectures on 'Later Developments in Theory', third year; Mrs. Klein and Mrs. Riviere: 6 Combined Seminars, third year; Dr. Thorner: 5 Seminars, Course A, third year; Dr. Hoffer: 5 Seminars, Course B, third year.

Spring Term 1951: Miss Freud: 7 Lectures on 'The Principles of Psycho-Analysis', first year; Miss Evans: 5 Seminars, first year; Dr. Lantos: 5 Seminars, first year; Dr. Balint: 4 Lectures on Clinical Psycho-Analysis, 'Neuroses', second year; Dr. Rosenfeld: 4 Lectures on Clinical Psycho-Analysis, 'Introduction to More Recent Developments', second year; Dr. Winnicott: 8 Seminars, Course A, second year; Mrs. Hoffer: 8 Seminars, Course B, second year; Mrs. Klein: 8 Lectures on 'Child Analysis', Course A, third year; Miss Hellman: 8 Lectures on 'Child Analysis', Course B, third year; Dr. Rickman and Mrs. Rosenfeld: 6 Combined Seminars, third year; Dr. Scott: 5 Seminars, Course A, third year; Dr. Hoffer: 5 Seminars, Course B, third year.

Summer Term 1951: Miss Freud: 8 Lectures on 'The Principles of Psycho-Analysis', first year; Mrs. Hoffer: 5 Seminars, first year; Mr. Money-

Kyrle: 5 Seminars, first year; Dr. Carroll: 2 Lectures on Clinical Psycho-Analysis, ' Other Clinical States ', second year; Dr. Rosenfeld and Dr. Segal: 6 Lectures on Clinical Psycho-Analysis, ' Psychoses ', second year; Dr. Balint: 8 Seminars, Course A, second year; Mrs. Hoffer: 8 Seminars, Course B, second year; Dr. Heimann: 8 Lectures on ' Later Developments in Theory ', third year; Dr. Foulkes and Dr. Hoffer: 6 Combined Seminars, third year; Mrs. Klein: 6 Seminars, Course A, third year; Dr. Lantos: 6 Seminars, Course B, third year.

The following is a brief description of the courses given in the session 1949–1950, *but it should be made clear that the Syllabus is subject to change.*

Curriculum of Lectures and Seminars

First-Year Course

Twenty-four Lectures on Principles of Psycho-Analysis (introduction to the study of Freud's Writings).

Autumn Term. Syllabus. Introduction. Outlining various possible approaches to the study of psycho-analysis: the historical approach; the systematic approach; the genetic approach. As illustration for these approaches discussion of the twelve surveys of psycho-analysis, written by Freud. Psycho-analysis as a psychology of the normal and abnormal mental processes. Psycho-analysis as ' depth psychology '. The discovery of the unconscious and its influence on conscious thought and behaviour as seen in the study of errors, dreams, and the early clinical work on the defence neuropsychoses and hysteria. The division of the mental apparatus into id, ego and super-ego, and the concept of internal conflict. The id and primitive functioning within the id (primary process). The ego and functioning within the ego (secondary process). The division between ego and super-ego. The rôle of the super-ego. Pleasure, pain, anxiety. The pleasure principle and reality principle as principles of mental functioning. The usefulness of these concepts when applied to problems of psychotherapy, education, testing, etc. Discussion of a reading list.

Spring Term. Syllabus. Freud's instinct-theories and their development. Libido-theory; its development on the basis of the study of neurosis and psychosis; concept of narcissism and of object-love. Libido and aggressive energy. Development of the sexual urges. Development of the aggressive urges. Development of object relationship (sexual and aggressive). Œdipus complex. Castration complex. Bisexuality. Inverted Œdipus complex. Female development. A list of Freud's papers on ' Instinct Development '.

Summer Term. Syllabus. Introduction: instinct transformation as illustrated by the remnants of instinctive life in the latency period. Freud's successive theories of anxiety. The concept of danger. The ego as the seat of anxiety. The relationship between anxiety and defence. The concept of defence. The defence mechanisms. Successful and unsuccessful defence. Character-formation. The quantitative changes in the relations between id and ego in the various periods of life (infancy, latency, adolescence, climacterium). Excessive defence; neurotic character, inhibitions. Unsuccessful defence. Symptom formation. Discussion of the psycho-analytic concept of normality and abnormality.

Eight Lectures on Child Development.

Autumn Term. Syllabus. Introduction. Birth to three years. Pathogenic factors in early social and personal development. Development from three to sixteen years.

Eight Introductory Lectures on Technique.

Summer Term. Syllabus. Survey of development of technique. Main principles at the present time. Outline of beginning of treatment. First interview and first phase. Types of ego resistance. Transference. Technique of later phases. Countertransference. Interpretation. Criterion of cure. Special problems.

Eight Seminars on Dreams (Course A).

Autumn Term. Syllabus. Wish fulfilment theory. Dream work. Symbolization. Different kinds of dreams. Function of dreams in treatment. Theoretical concepts developed in ' The Interpretation of Dreams '.

Eight Seminars on Anxiety and Guilt (Course A).

Spring Term. Syllabus. General discussion. Abstract of Freud's ' Anxiety and Instinctual Life ', of ' Inhibition Symptom and Anxiety ', of Abraham's ' Development of the Libido ' and of some of Melanie Klein's papers.

Eight Seminars on Super-Ego (Course A).

Summer Term. Syllabus. The concept of the super-ego in relation to the theory of mental structure.

Eight Seminars on Freud and the Beginnings of Psycho-Analysis (Course B).

Autumn Term. Syllabus. Freud's work as a physiologist. Cerebral anatomy. Interest in hypnosis. Early contact with Breuer. Miss Anna O. History of hysteria. Magnetism. Charcot. Janet. Bernheim. Somnambulism. Suggestion. Work with Breuer. Studies in Hysteria. The concept of the psychic apparatus. The Fliess Letters.

Eight Seminars on Freud's *Three Essays on the Theory of Sexuality* (Course B).

Spring Term. Syllabus. Introduction. Sexual aberrations. Difference and similarity between perversions and neuroses. Infantile sexuality. Little Hans. Transformation at puberty. Summary and clinical illustrations.

Eight Seminars (Course B).

Summer Term. Syllabus. Abstracts by students from Freud's *Papers on Technique*. Application of Dream Interpretation to therapy.

Second-Year Course

Eight Lectures on Neuroses.

Autumn Term. Syllabus. Neuroses. Psycho-analytical principles of classification. Mental mechanisms. Neuroses, psychoses and transitional groups. Psychoneuroses. Symptom formation. Actual neuroses and traumatic neuroses. Hysterias. Anxiety. Various anxiety states. Anxiety neurosis. Anxiety hysteria. Conversion hysteria. Hysterical character. Obsessional symptoms and their significance as expressions of conflict. Defence. Instinct fixation and regression. Libido and aggression in obsessional neuroses. Obsessional character. The relationships between obsessional neurosis and the psychoses.

Eight Lectures on Psychoses.

Spring Term. Syllabus. Introduction and historical review of psycho-analytical theory of psychoses. The psychopathology of schizophrenia, paranoia, depersonalization. Discussion on technique. Depression, the manic-depressive group. Drug addiction. Epilepsy. A short survey of analytical methods of treatment.

Four Lectures on Other Clinical States.

Summer Term. Syllabus. Gross sexual abnormality outside the delinquent field. The interconnections of character analysis and analysis of ' normality '. Delinquency.

Four Lectures on Introduction to New Developments.

Summer Term. Syllabus. Introjection and projection. Internal objects and the super-ego. Anxiety and guilt and its relationship to the paranoid or depressive position respectively. The sexual development of the girl. The sexual development of the boy. Regression and progression. Remarks on Mrs. Klein's technique of psycho-analysis.

Third-Year Course

Eight Lectures on Child Analysis (Course A).

Spring Term. Syllabus. Transference and its origin in early development. Instances illustrating the main principles of interpretation. Abstract from the analysis of a child, beginning in the fourth year, with particular reference to similarities between material of dreams and play. Material from the analysis of a child in the latency period. Further discussion of this case history and its technical and theoretical implications. Discussion of the two cases presented in Klein's paper, ' The Œdipus Complex in the Light of Early Anxieties '. Examples of various technical problems. Some technical and theoretical conclusions drawn from the analysis of a boy entering adolescence.

Eight Lectures on Child Analysis (Course B).

Spring Term. Syllabus. Neurotic manifestations in childhood, indications for child analysis. Diagnosis and prognosis in relation to developmental factors. The analyst's relationship to the parents in the course of the child's treatment. The initial phase of treatment. Report on first three months of treatment of four-year-old boy. Discussion on technique in case reported. Report on analysis of an eight-year-old boy with passive homosexual tendencies. Report on the analysis of a girl aged eleven to thirteen years. Problems of analysis in puberty. Analysis of delinquents, problems of diagnosis and technique. Discussion on termination of child analyses.

Eight Lectures on Later Developments in Theory.

Autumn Term. Syllabus. (1) Recent theories of the etiology of neuroses, of anxiety and of the rôle of the character in the structure of a neurosis. (2) Various aspects of the Death Instinct as found in Freud's teaching. Relation of these to other views and findings. The difficulties of the tension theory as related to the conflict between mechanism and vitalism and to the theory of feeling. Is a reconciliation possible? (3) A survey of work done in the United States and its influence on the development of Freud's theories. Aggression, ego psychology, pre-œdipal development. (4) Integration and disintegration of ego structure. The nature of phantasy and its relationship to ' the primary process '.

Eight Lectures on Later Developments in Theory.

Summer Term. Syllabus. Introduction to Melanie Klein's work. The multi-dimensional approach. Focus on anxiety. Illustrated by additions to concept of phallic women. Instinctual life of early infantile phases. Additions to theory of œdipus complex. Roots in early infantile life. Introjection and projection in relation to the development of the ego and super-ego. Roots of the super-ego. Origin of depressive states. The ' Infantile depressive position '. Origin of paranoid fears and defences. ' The paranoid-schizoid position.'

GERMAN PSYCHO-ANALYTICAL ASSOCIATION

(*Deutsche Psychoanalytische Vereinigung*)

Admission of Candidates for Training. Only those applicants are admitted for training who have completed or are about to complete their medical studies. In exceptional cases those who have completed an academic training in a faculty other than medicine are admitted, especially where the previous training is relevant to the intended psycho-analytical work of the candidate, as for instance psychology or, for those who wish to train in child-analysis, educational studies and psycho-therapeutic work with children.

In addition to candidates in training, the Institute also admits guest students. These are required to have an academic qualification in a faculty other than medicine, but in special cases an exception may be made to this rule.

Training Course. (1) Personal analysis of the candidate by a training analyst. (2) Six Semesters of theoretical studies. (3) Practical training. The minimum length of the complete training is six

Semesters provided that the personal analysis and the practical training can be completed within that time. The final recognition as ' candidate in training ' is made after the personal analysis has progressed sufficiently after a minimum of two Semesters of theoretical training. In addition the academic studies must have been completed and the candidate have reached the age of twenty-six.

Training Committee: Mrs. Kate Dräger, Dr. Ingeborg Kath, Dr. Hans March, Dr. Carl Müller-Braunschweig, Dr. Gerhart Scheunert, Mr. Wolfgang Schoene, Mrs. Marie-Louise Werner.

INDIAN PSYCHO-ANALYTICAL INSTITUTE

14 Parsibagan Lane, Calcutta 9, India

Training and Control Analysts: Dr. G. Bose, Mr. H. P. Maiti, Dr. (Mrs.) Edith Ludowyk-Gyomroi, Dr. S. C. Mitra, Dr. N. De, Mr. T. C. Sinha.

Training Analysts: Dr. K. L. Shrimali, Mr. M. V. Amrith.

Number of Candidates, 1950. The number of candidates in training was 14, of which 7 were working under supervision.

ITALIAN PSYCHO-ANALYTICAL SOCIETY

(*Società Psicoanalitica Italiana*)

28, Via Palermo, Rome, Italy

Some of the members of the Italian Psycho-Analytical Society are organizing an Italian Psychoanalytic Institute in Rome, with the main purpose of facilitating training analysis and holding scientific meetings.

Four candidates have recently started control analysis under the guidance of Prof. Perrotti and Dr. Servadio.

SWEDISH PSYCHO-ANALYTICAL SOCIETY

(*Svenska Psykoanalytiska Föreningen*)

Number of candidates in training at present: 21.

Seminars and Lectures during Autumn Term: Dr. René de Monchy: The Technique of Psycho-Analysis, 10 two-hour seminars; Dr. Lajos Szekely: Freud's *Inhibition, Symptom and Anxiety*, 10 two-hour lectures and discussions; Dr. Gunnar Nycander: Freud's *The Interpretation of Dreams*, 6 two-hour lectures.

SWISS PSYCHO-ANALYTICAL SOCIETY

(*Schweizerische Gesellschaft für Psychoanalyse*)

The training of Candidates consists of a personal analysis, analyses undertaken by the candidate under supervision, lectures, courses and seminars, in Basle, Zürich, Bern, Lausanne, Monthey, Neuchatel. The training activities are controlled and co-ordinated by the Training Committee.

Guiding Principles of all Psycho-Analytical Training

All psycho-analytical training is based on the Collected Works of Sigmund Freud.

The organization of training activities is conducted in accordance with the so-called *Regulations for the Admission and Training of Candidates* which were announced at the Twelfth International Congress in Wiesbaden, September, 1932.

The Executive of the Society is at present acting as Training Committee.

(1) *Admission of Candidates.* The conditions of acceptance of candidates for training continue to be based on the above-mentioned Regulations.

(2) *Selection of Training Analysts.* All the members of our society have been free to work as training analysts. The Executive requires an annual report on any training activity.

(3) *Supervision of Training.* A report from the training analyst, including the applicant's curriculum vitæ, is required.

(4) *Theoretical Course and Practical Work.* For accepted candidates seminars are provided.

(5) *Progress Reports.* Reports on the analyses under supervision are required from the supervising analyst.

(6) *Rejections.* The Executive reserves the right to discontinue the training of those candidates who have been found unsuitable owing to the nature of their character or lack of psychological aptitude.

(7) *Election to Membership.* A candidate advanced far enough is invited to read a paper to the Society. The Executive is thus given an opportunity to form a final opinion about the work of the candidate and may then admit him to membership of the Society.

VIENNA PSYCHO-ANALYTICAL SOCIETY

(*Wiener Psychoanalytische Vereinigung*)

Training Committee: Dr. Alfred Winterstein (*Chairman*), Dr. Hedwig Bolterauer, Dr. Hans Aufreiter.

Programme of Training, Winter Term 1951–1952: Dr. Winterstein: Theory of Neuroses, Part II (Character Disturbances, Anti-Social Behaviour, Perversion, Psychoses; Dr. Bolterauer: Seminar on Freud's Writings: Case Histories, Part II; Dr. Aufreiter: Case Seminar (control analyses).

Number of candidates: 10. One candidate has been given leave to attend Harvard University, Cambridge (Mass.).

At the time of publication no Reports on Training were received from the following groups:

Psychoanalytic Clinic for Training and Research, New York.
San Francisco Psychoanalytic Institute, California.
Belgian Psycho-Analytical Institute.
French Psycho-Analytical Society.
Israel Psycho-Analytical Society.
Sendai Psychoanalytical Society.

The responsibility for the English rendering of reports from non-English-speaking Societies or Institutes rests with the editors of the Bulletin and of the *International Journal of Psycho-Analysis.*

LIST OF MEMBERS
OF THE
INTERNATIONAL PSYCHO-ANALYTICAL ASSOCIATION

Issued May, 1952

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We notice in many instances that the spelling of names of the individual members and their addresses differ on different lists sent to us by the Component Societies of the International Psycho-Analytical Association or by the Affiliate Societies of the American Psychoanalytic Association. In order to avoid such inconsistencies and possible errors in future listings, the individual members of each group are requested to notify the General Secretary of the International Psycho-Analytical Association, Dr. Ruth S. Eissler, 285 Central Park West, New York 24, N.Y., directly of the correct spelling of their names and their addresses, and of any change of address in the future.

LIST OF MEMBERS OF THE INTERNATIONAL PSYCHO-ANALYTICAL ASSOCIATION

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